

Child and Family Services Review

**County of Sonoma
System Improvement Plan
2014 – 2019**

**Child Welfare
Juvenile Probation**

Submitted to
California Department of Social Services

By
**Sonoma County Human Services Department
Sonoma County Probation Department**

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California – Child and Family Services Review Signature Sheet

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SIP Period Plan Dates	2014-2019
Outcome Data Period	2009 – 2012
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Table of Contents

INTRODUCTION	6
CHILD WELFARE SIP NARRATIVE	7
CHILDREN’S SERVICES DIVISION STRATEGIES FOR 2014-2019	28
STRUCTURE OF THE CAPIT/CBCAP/PSSF COLLABORATIVE AND CCTF COMMISSION	36
STATE AND FEDERALLY MANDATED CHILD WELFARE INITIATIVES.....	40
PROBATION SIP NARRATIVE	43
PROBATION STRATEGIES FOR 2014-2019	45
2014-2019 CHILD WELFARE AND PROBATION SIP CHART.....	49

Introduction

The **Sonoma County 2014 – 2019 System Improvement Plan (SIP)** is the third component of the Child and Family Services Review (CFSR), which is a systematic analysis of the county's Child Welfare and Juvenile Probation systems. The 2014-2019 SIP is a 5-year strategic plan to improve in the program areas identified in the **2013 County Self Assessment** and **Peer Case Review**. The CFSR process occurs on a 5-year cycle and is guided by a philosophy of continuous quality improvement, interagency partnerships, community involvement and accountability for program outcomes. Sonoma County is in its fourth cycle of the Child and Family Services Review process.

The guiding principles of the Child and Family Services Review include:

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency and well-being.
- The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when children's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of prevention services including after care support.
- Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
- Fiscal strategies must be arranged to meet the needs identified in the County Self Assessment and in support of strategies put forward in the System Improvement Plan.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, at the system level and within other systems.

- The Sonoma County Human Services Department (HSD) and the Sonoma County Probation Department (SCPD) are responsible for the development of the SIP, with technical assistance from the California Department of Social Services.

Sonoma County places a high value on internal and community collaboration. The Sonoma County 2014-2019 System Improvement Plan reflects feedback from more than 300 individuals from child welfare and probation staff, public and private agencies, Prevent Child Abuse Sonoma County, community-based organizations, elected officials, Native American tribes, youth and the community at large. Sonoma County Human Services and Probation Departments held four (4) large community meetings, 16 focus groups and numerous topic-specific strategy sessions between May and December 2013 to dialogue with stakeholders and the community about strengths, weaknesses, challenges and strategies moving forward. The 2014-2019 System Improvement Plan reflects Sonoma County's commitment to specific measurable improvements in processes, outcomes and systems that the county will achieve within a defined timeframe.

Sonoma County Family, Youth & Children's Services

Overview of the Sonoma County Family, Youth and Children's Division

The Family, Youth and Children's Division (FYC) of the Sonoma County Human Services Department is the agency responsible for investigating allegations of child abuse and neglect. FYC provides a full-spectrum of child welfare services and programs from community education and prevention programs to foster care and adoption services. It manages the county-operated emergency shelter for children, the Valley of the Moon Children's Home (VMCH). FYC also manages foster and adoptive parent recruitment and licensing. Child welfare agencies are responsible for achieving the **safety**,

permanency and **well-being** goals federally mandated in various legislation¹ which include:

- Protect children from abuse and neglect.
- Have children safely maintained in their own homes whenever possible and appropriate.
- Enhance families' capacity to provide for their children's needs.
- Provide children with permanency and stability in their living situations.
- Ensure children receive appropriate services to meet their educational needs.
- Ensure children receive adequate services to meet their physical and mental health needs.
- Preserve the continuity of family relationships and connections for children.
- Prepare youth emancipating from foster care to transition into adulthood.

FYC believes that child protection is a community responsibility and will be achieved only through effective collaboration and transparent service delivery.

FYC Mission

The Sonoma County Family, Youth and Children's Division ensures the safety and well-being of children and youth by providing families with the resources they need, promoting supportive placements and permanency for children and youth, and building community connections that empower all members of the community to support the safety of children.

FYC Vision

The vision of the Sonoma County Family, Youth and Children's Division is that all children and families that are involved with the child welfare system are treated with dignity and respect and are kept free from abuse and neglect. Families and the community understand and embrace their shared responsibility to ensure that children are safe and

¹ Child Abuse Prevention and Treatment Act, Adoption and Safe Families Act, Indian Child Welfare Act, Promoting Safe and Stable Families Act and the Child Welfare System Improvement and Accountability Act. See <https://www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm>.

families are supported. All children have permanent homes and successfully transition into adulthood. The services that the Sonoma County Family, Youth and Children's Division provide are transparent to families and the community. As an organization, the Family, Youth and Children's Division holds itself accountable for upholding the mission and working towards the vision.

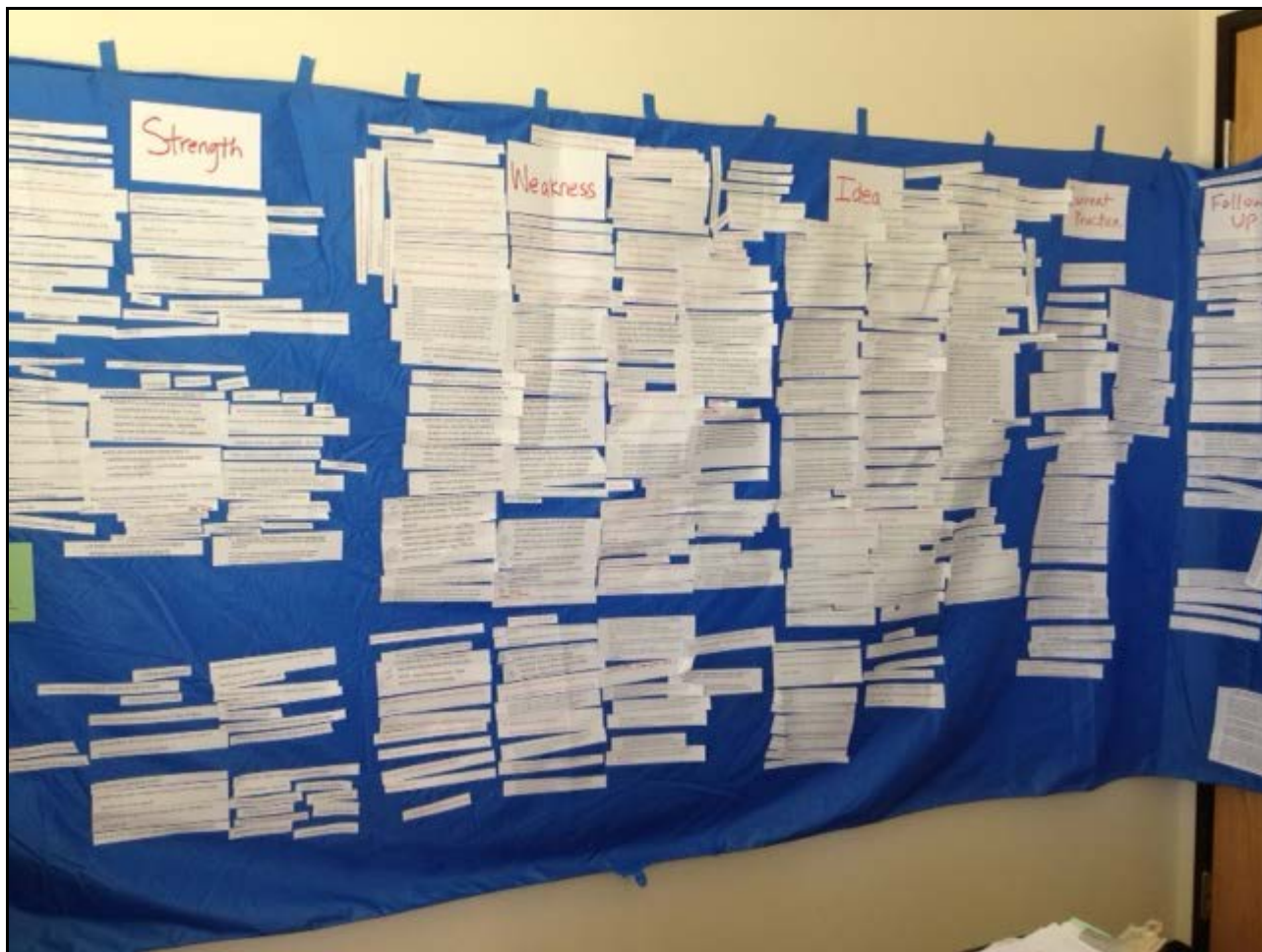
Sonoma County is committed to prevention, investing in initiatives and programs that prevent adverse outcomes and downstream societal costs. Two of the four goals in the Sonoma County Board of Supervisors' Strategic Plan are prevention-focused. Three countywide initiatives have been created within the last five years each with policy and financial support from the Sonoma County Board of Supervisors. The **Upstream Initiative, Health Action Sonoma County** and **Cradle to Career** Initiatives are collective impact approaches to social, education and public health services. Their purpose is to transform the way that these service systems are conceptualized, moving from topic-driven and discrete service sectors to a continuum of evidence-based community supports spanning the pre-natal stage into adulthood.

Development of the System Improvement Plan

In 2013, the Family, Youth and Children's Division, in partnership with the Juvenile Division of the Sonoma County Probation Department, conducted extensive analyses of its services, programs and processes, the findings of which are detailed in the **2013 Sonoma County Self-Assessment Report**, available at sonoma-county.org/human/family.htm. The primary purposes of the analyses were to identify areas of strength and weakness within the Sonoma County child welfare and juvenile probation systems; to engage internal and external stakeholders in creating a shared sense of ownership of child protection; and to creatively and collaboratively co-create solutions to areas of greatest need.

Sonoma County used a mixed method approach to conducting the County Self-Assessment including quantitative and qualitative data analyses, case review, focus groups, key informant interviews, staff and community meetings and paper surveys. The Sonoma County 2014-2019 System Improvement Plan reflects input and feedback

from more than 300 individuals from child welfare and probation staff, public and private agencies, Prevent Child Abuse Sonoma County, community-based organizations, elected officials, Native American tribes, youth and the community at large. Stakeholders discussed the outcomes observed at the countywide level as well as the patterns observed among sub-population groups, including disproportionality and disparity for African American and Native American children in allegations and entry to care; and disparity for older children in measures of permanency and well-being.



This image shows the process that county staff used to analyze the feedback from 3 community meetings and 16 focus groups.

Based on information gathered during the 2013 County Self-Assessment and Peer Review, the following eight priority areas were identified as needing improvement:

CATEGORY	AREA OF FOCUS	CFSR MEASURE	CFSR MEASURE NUMBER
SAFETY	Prevention of Child Abuse and Neglect	Recurrence of Maltreatment Substantiations and Entries to Foster Care	S1.1 PR
PERMANENCY	Reunification	Reunification within 12 months Re-entry following reunification	C1.1 C1.4
	Permanency for older youth	Exits to Permanency (24 months in care)	C3.1
	Develop/formalize a full continuum of placement options	Number of foster homes Percent of youth in group homes Percent of youth placed with relatives	4B (PIT) 4B (PIT)
WELL-BEING	Youth authorized for psychotropic medication	Percent of youth authorized for psychotropic medication	5F
	Define and measure youth well-being	Youth Self-Sufficiency measures	8A
ORGANIZATIONAL	Consistency of practice	Local measures	n/a
	Data collection and data entry	Timely Response (10-Day)	2B
		Timely Caseworker Visits ICWA Eligible Placement Status Individualized Education Plans	2C/2F 4E 6B
Some of the above areas of focus has additional local measures to indicate progress towards goals. The measures listed above are limited to those tracked by the California Department of Social Services.			

Prioritization of Outcome Measures and Systemic Factors

CFSR Outcome and Process Measures to be addressed in the 2014-2019 System Improvement Plan – Family, Youth & Children’s Division

The 5-year System Improvement Plan Chart (Attachment A) outlines implementation timelines for all of the strategies targeting improvement in identified focus areas listed above. Because **safety**, **permanency** and **well-being** are interrelated, each strategy may impact outcomes in one or more of the targeted areas. The section below (pages 12-25) provides a brief summary of the data analyses contained in the **2013 County Self-Assessment (CSA)** submitted in September 2013 to provide context for the strategies included in the 2014-2019 System Improvement Plan.

No Recurrence of Maltreatment (Measure S1.1)

This safety measure reflects the percentage of children who were not victims of a substantiated or inconclusive child maltreatment allegation within six months of another substantiated child maltreatment allegation.

S1.1 <u>No</u> Recurrence of Maltreatment		
National/State Target	Q4 2009	Q4 2012
	Sonoma County Performance	Sonoma County Performance
> 94.6%	88.8%	93.8%

Trend Comparison: Prior to 2010 Sonoma County had historically performed below the national target of 94.6%. In Quarter 4 (Q1) of 2009 88.8% of children were not re-abused within 6 months. Beginning in Q4 2010 the rate increased to 94.4% and has hovered within one percentage point of that through 2012.

Race/Ethnicity: In Q4 2012, which includes recurrence data for the entire 2012 calendar year, Latino children experienced the most recurrence of maltreatment as defined in this measure. 92.3% of Latino children were **not** re-abused within six months of a previous substantiated allegation compared to 95.1% of white children and 100% of African American children. The numbers for Native Americans are too small for analysis.

Age: In Q4 2012, toddlers between the ages of 12 months and 36 months experienced the most recurrence of maltreatment. 87.9% of these children were not re-abused within six months of a previous substantiated allegation compared to the countywide rate of 93.8%. In terms of raw numbers, this means that out of the 33 one and two year olds who had substantiated allegations, 4 experienced a second substantiated incidence of abuse within 6 months of the first. The age group with the highest number of original substantiations, 6-10 year olds, experienced a 95.5% **no** recurrence rate in Q4 2012. Of the 66 children ages 6-10 with substantiated allegations, three experienced another

substantiated incidence of abuse. Four of the 44 babies (under age 1) had a second incidence of child abuse or neglect within six months.

Sonoma County Analysis of Recurrence of Maltreatment

Between 2010 and 2013, FYC implemented new programs and made changes to county practice to decrease the number of children who were experiencing repeat abuse or ongoing neglect:

- *Children under age five are empirically linked to higher risk for child abuse. The higher number of Sonoma County babies and toddlers who experience a recurrence of maltreatment is evidence of this. In October 2010, FYC moved from the Comprehensive Assessment Tools (CAT) to Structured Decision Making (SDM). This change resulted in a more focused approach to identifying and serving high and very high risk families and aligning county resources to addressing their risk factors.*
- *All Office of Child Abuse Prevention funds are now used by community-based service providers to provide prevention services to families who are being diverted from the child welfare system. It has become a de facto Differential Response program.*
- *FYC convened and participated in a workgroup focused on addressing systemic and practice issues related to substance exposed newborns.*
- *FYC has one social worker who is co-located in the SonomaWORKS office. Since 2011, the department has tightened the parameters and direction of the program, resulting in more effective collaboration between child welfare and public assistance staff.*
- *In February 2012, FYC implemented Team Decision Making (TDM) for referrals and cases in which children are at imminent risk of removal. This has resulted in families getting engaged in their own case planning and accessing services more quickly. It has also provided a vehicle for pulling family supports together to support parents in keeping their children safe.*

Participation Rates – Substantiations and Entries to Care (Measure PR)

These safety measures reflect the proportion of children with a substantiated allegation of the total child population and the proportion of children removed from their homes of the total child population.

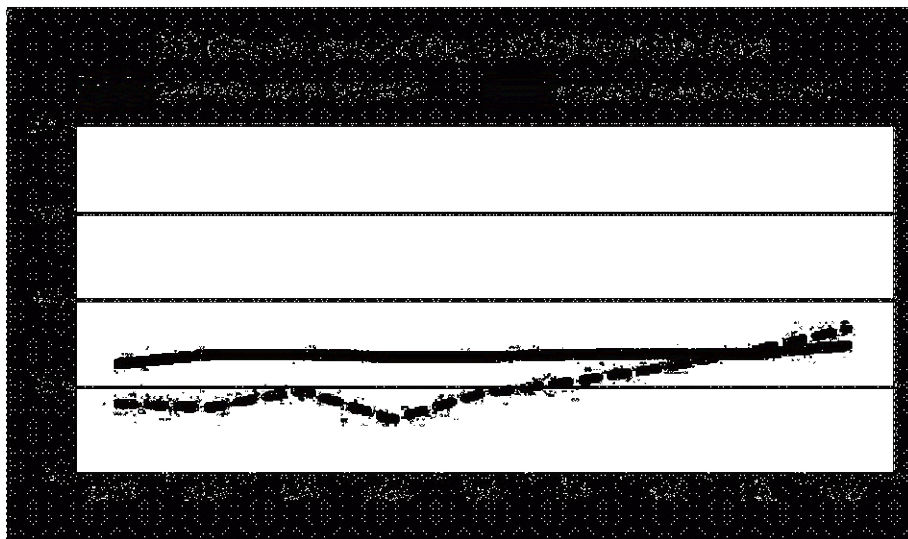
Participation Measures	Sonoma County Child Welfare Participation Rates				
	2009 Number*	2009 Rate per 1000	2012 Number*	2012 Rate per 1000	2012 Rate per 1000 (California)
Child Population	107,640		104,978		
# Children in Referrals	3,248	30.2	2,851	27.2	53.1
# Children in Substantiated Referrals	850	7.9	562	5.4	8.9
Children entering out-of-home care	227	2.1	236	2.2	3.3
Percentage of substantiations resulting in removal	26.7%		42%		37.3%
Children entering out-of-home care for first time	204		203		
Children in out-of-home care	477		507		

* Numbers are based on calendar year data, except for the “children in out-of-home care” numbers which are point in time on 7/1/2009 and 7/1/2012.

Sonoma County Analysis of Referral and Removal Rates

According to the Department of Finance estimates, since 2009 the number of children in Sonoma County has decreased by 2.5%. The number of Sonoma County children in referrals (investigations of child abuse) decreased in the same time period by 12.2%. Following the same trend, the proportion of children with substantiated abuse or neglect decreased by 6.4% in 2012 from the 2009 rate. However, the percentage of children who were removed from their homes increased in 2011 and 2012. In 2012, Sonoma County

surpassed the state average in the proportion of substantiated allegations that resulted in removal.



The Family, Youth & Children's Division (FYC) began using Structured Decision Making tools in October 2010. As a result, decisions spanning from intake to reunification readiness have become more standardized and targeted. At the point of accepting a report of child abuse for investigation SDM helps intake social workers identify and respond to more emergent situations. Therefore, FYC believes the increase in the percent of children removed is a result of using a more nuanced and standardized risk assessment tool; in other words, the reports that social workers investigate are more likely to include imminent safety risks or high/very high future risk and therefore result in removal.

Reunification within 12 Months (exit cohort) (Measure C1.1)

This permanency measure reflects the percentage of children discharged to reunification within 12 months of removal from the home.

C1.1 Reunification Within 12 Months (exit cohort)		
National/State Target	Q4 2009	Q4 2012
	Sonoma County Performance	Sonoma County Performance
> 75.2%	60.4%	44.2%
<i>This measure calculates the number of children who were reunified within 12 months of removal out of the total number of children reunified during the time period.</i>		

Trend Comparison: During the prior SIP cycle, Sonoma County steadily improved its rate of timely reunification to a peak of 70.5% observed in Q3 2010. However, since that time, Sonoma County's rate of reunification within 12 months has been declining to its current rate of 44.2%.

Race/Ethnicity: 53 Latino and 60 White children exited to reunification during the period of analysis (Q4 2012).² However, only 36.7% of White children were reunified within 12 months compared to 50.9% of Hispanic children. Of the 10 Native American children reunified during the period of analysis, 5 did so within 12 months (50%). Of the three African American children who reunified during Q4 2012 none did so within 12 months. The total numbers of African American and Native American children in the entry cohort are very small and should be interpreted with caution

Age: In Q4 2012, the proportion of children who reunified within 12 months of removal was higher for younger children than older children.

Re-entry Following Reunification (exit cohort) (Measure C1.4)

This permanency measure reflects the percentage of children who re-entered foster care within 12 months after being discharged to reunification. **Re-entry following reunification is included in the 2014-2019 System Improvement Plan as a “watch” area due to the recently increased re-entry rates for Sonoma County children.**

² The period of analysis for most of the Berkeley data is a 12 month time span with rolling counts. For example, Quarter 4 of 2012 refers to the time period between January 1, 2012 to December 31, 2012. Quarter 1 of 2013 refers to the time period of April 1, 2012 to March 31, 2013. Each new quarter is incorporated into the previous 3 quarters' data.

C1.4 Re-Entry to Foster Care Following Reunification		
National/State Target	Q4 2009	Q4 2012
	Sonoma County Performance	Sonoma County Performance
< 9.9%	4.7%	8.3%
<i>This measure calculates the rate of re-entry of children into foster care at some point in 2012 after having reunified between January and December 2011.</i>		

Trend Comparison: This measure is one of Sonoma County's greatest strengths.

Sonoma County has consistently performed well in this area, with rates below the state/national target. In fact, Sonoma County's Q1 2009 rate of reentry into foster care was the third lowest in the state. However, Sonoma County's re-entry rate has risen within the last three years. In Q4 2009, the rate of reentry into foster care was 4.7%. In Q4 2012, the reentry rate was 8.3%. For the first time in the past decade Sonoma County experienced two quarters, Q4 2010 and Q3 2011 in which re-entry rates did not meet the state target.

Race/Ethnicity: In Q4 2012, the rate of re-entry into foster care was lowest for Native Americans at zero although there were only 3 Native American children who were included in the analysis. 4.7% of Latino children re-entered foster care after reunification which is below the countywide rate. White children and African American children re-entered at rates higher than the countywide rate at 9.1% (7 children) and 23.1% (3children) respectively.

Age: In Q4 2012, of the 13 children who reentered foster care within 12 months of being discharged to reunification, none were under one year at the time of reunification. 5 of the children who re-entered during 2012 were ages 6-10 at the time of reunification in 2011, a rate of 13.2% which is higher than the state/national target.

Sonoma County Analysis of Reunification Rates

Sonoma County continues to have average success in the area of family reunification. It has only rarely met or exceeded the individual performance measures that make up the

reunification composite with the exception of re-entry following reunification in which the county has historically and consistently exceeded the target. In other words, it may take longer for Sonoma County children to reunify with their parents but when they do they do not return to foster care due to re-abuse. Sonoma County holds its low re-entry rate to be a source of pride and will be closely monitoring its performance in this area due to recently increased numbers of children re-entering foster care. FYC believes the following issues/factors have contributed to the county's underperformance in timely reunification:

- *Ice Breaker meetings of parents and foster parents have been inconsistently implemented.*
- *Parent Mentor program has not been funded to expand beyond a "pilot" and at that has been only partially implemented (only 1 parent mentor).*
- *Many experienced Family Reunification social workers have retired or moved to other programs resulting in a "new" FR workforce.*
- *There was a change in Dependency Court Commissioner.*
- *FYC will explore reunification trends with regard to the age groups with special attention on babies and toddlers (lower timely reunification) and 6-10 year olds (higher timely reunification).*
- *FYC will explore data entry issues that may affect timeliness of reunification such as whether placement episodes are end-dated at the time the trial home visit commences.*
- *Because Sonoma County has a long history of reunifying children well after reunification services have been terminated³, its median time to reunification is likely to always be longer than the goal established by the state.*

Exits to Permanency (24 months in care) (Measure C3.1)

This permanency measure computes the percentage of children discharged to a permanent home by the last day of the period of analysis⁴ and prior to turning 18 who had been in foster care for 24 months or longer.

³ A finding in both the 2009 and 2013 Peer Case Reviews was that Permanency Planning social workers continuously evaluate birth parents for youth who have no clear path to guardianship or adoption. This has resulted in older youth with a birth parent after reunification services have been terminated.

⁴ The period of analysis for most of the U.C. Berkeley data is a 12 month time span with rolling counts. For example, Quarter 4 of 2012 refers to the time period between January and December 2012. Quarter 1 of 2013

C3.1 Exits to permanency for youth in care for more than 24 months		
National/State Target	Q4 2009	Q4 2012
	Sonoma County Performance	Sonoma County Performance
> 29.1%	23.3%	22.6%

Trend Comparison: Sonoma County's performance since 2010 has been consistently lower than both the state/national target and its own historical performance in this area, hovering around 15% through 2011. There are some recent signs of improvement with the most recent quarter for which there are data (Q4 2012) showing a rate of 22.6% of youth who were in care for at least 24 months having exited to permanency in 2012.

Race/Ethnicity: In Q4 2012, the number of white children in foster care for 24 months or longer was nearly one and a half times the number of Latino children. Of the 87 white children in foster care for more than 24 months, 25.2% of them exited to permanency in Q4 2012. Of the 57 Latino children in foster care for more than 24 months, 17.6% exited to permanency in the same time period. Of the 7 African American children in foster care in Q4 2012 one exited to permanency. Of all ethnicities, only Native Americans surpassed the national target with 37.5% (of 8 youth total) exiting to permanency after 24 months or longer in care.

Age: In Q4 2012, the rate of successful exits to permanency steadily declined the older the child. For children ages 6-10, 34.7% exited to permanency after 24 months in foster care. For children ages 16-17, the rate dropped to 6.8%. Only 11 children age 5 and under were in foster care for more than 24 months during the period of analysis and 10 of them exited to permanency. 79% of children in care for more than 24 months are age 11 and older.

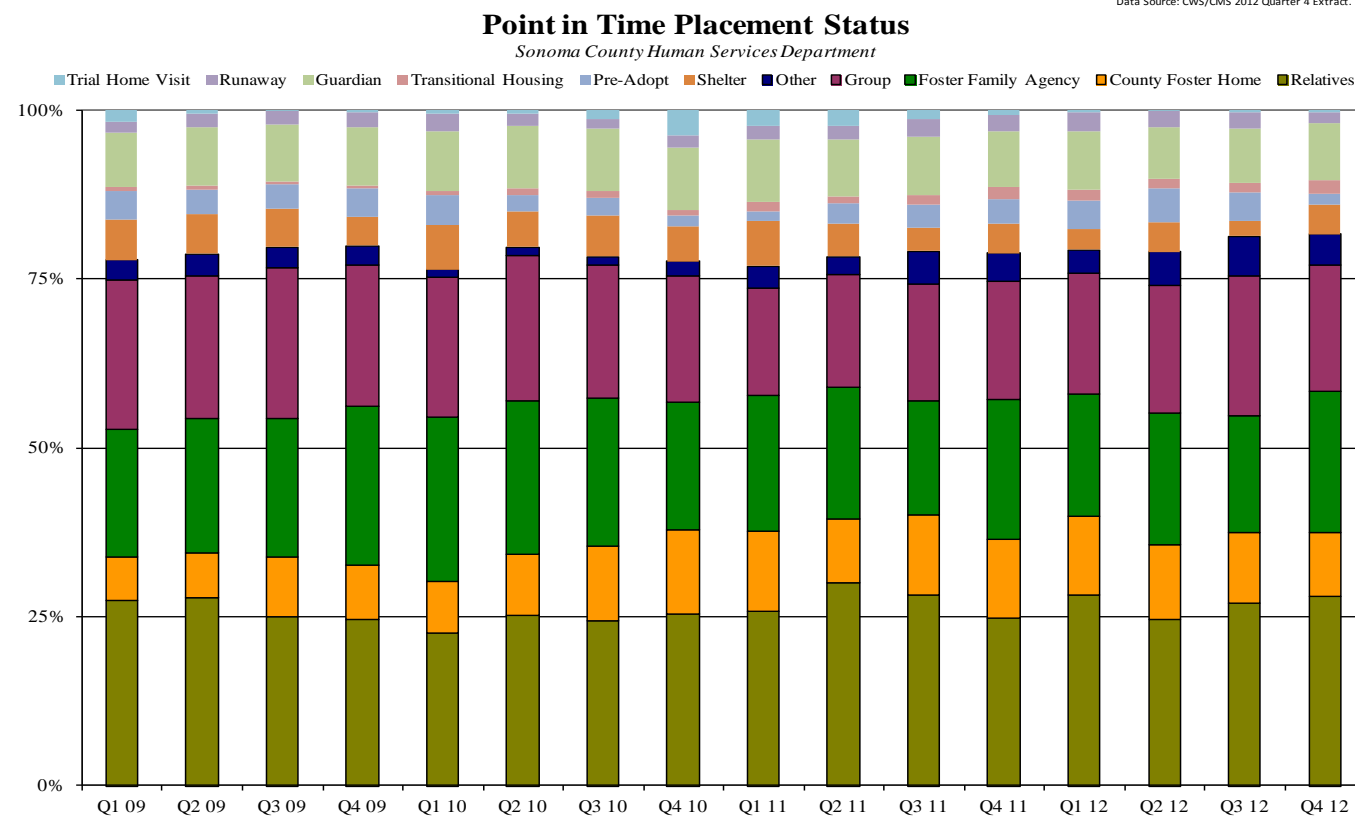
refers to the time period April 1, 2012 and March 31, 2013. Each new quarter is incorporated into the previous 3 quarters' data.

Sonoma County Analysis of Exits to Permanency

Sonoma County children and youth who have been in foster care for an extended period of time do not exit what is intended to be temporary foster care at the rate they should. This has been an underperforming area in Sonoma County for several years and in fact was the topic of its Peer Quality Case Review back in 2009. In response to the 2010 CSA, FYC implemented SB 163 Wraparound specifically in order to improve in this area with the rationale that stepping youth down from group care and into the community would result in youth reunifying or being adopted; the implementation of this program while successful in many ways has not served the youth who would impact the measures included in this composite. Referrals to the Wraparound Program (called Sonoma County Family Permanency Collaborative) have been primarily for youth at risk of placement in a group home. Program revisions have recently been made to better target youth already in group homes to step them down back into the community. FYC has also made its rate of group home placements a priority and in May 2013 completed an evaluation of group homes frequently used by the county which has resulted in the beginnings of an overhaul of its placement processes. A primary focus of this System Improvement Plan is creating the infrastructure and processes for placing youth in lower level care and transitioning them into permanent homes (see pages 70 – 96).

Least Restrictive Placement – Point in Time (Measure 4B)

This measure reflects the percentage of youth in out of home care by placement type including relative homes, foster homes, foster family agency homes, group home or the county shelter. Strategies included in the 2014-2019 System Improvement Plan categorized as the “Continuum of Placement Options” are intended to address the systemic shortage of alternatives to higher levels of care and the necessary procedural steps to ensure children are placed in the most appropriate environment.



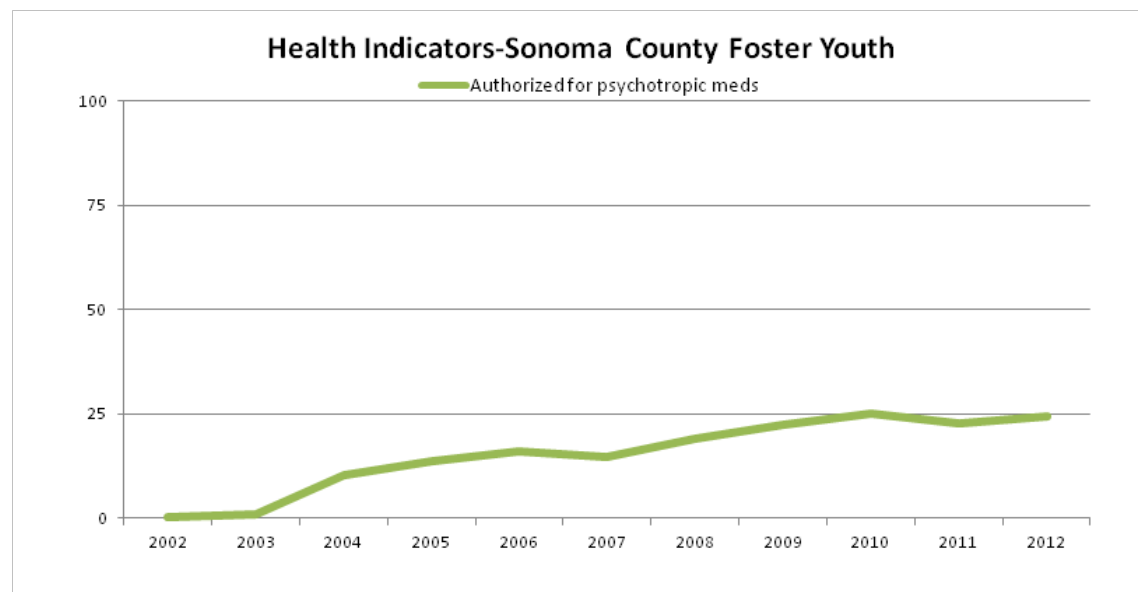
Trend Comparison Point-In-Time (PIT) Placement Types: When looking at a snapshot in time, data show where children were placed on one day of each quarter, a snapshot. While imperfect in assessing the true distribution of placement types over a period of time it does minimize the likelihood of false conclusions resulting from a count of all placements during the time period (counting all placements would inflate counts due to the cumulative effect of placement disruptions and movements). Sonoma County's placements – in all categories - have remained relatively stable since Q1 2009. All have variably increased and decreased during the CSA time period of analysis (2009-2012). The only exception to this is county-licensed foster homes which had begun to decrease at the time of the 2010 CSA (6% in Q1 2009), a decrease which continued through 2009, slightly increased in 2010 and 2011 and is now resting at 9%.

Sonoma County Analysis of Point in Time Placement Types

Sonoma County has historically had a high rate of youth placed in group homes and this continues to be true into 2014. In 2011, the HSD contracted with Harder+Company to conduct an evaluation of group homes frequently used by the department for placement. The summary of the results were used as the launching pad for a collaborative effort between the department and agencies providing group home placements to develop shared placement and outcome goals for youth placed in group homes. Shared goals include collaborative placement assessment, discharge-focused treatment planning and transition back into the community.

Authorized for Psychotropic Medication (Measure 5F)

This well-being measure computes the percentage of children who have been authorized by court order or parental consent to receive psychotropic medication.



Trend Comparison: Since 2003 when data collection began on the authorization of psychotropic medications until 2010, the percentage of foster youth authorized for psychotropic medications had steadily increased. Between 2010 and 2012 the rate leveled out and was 24.4% in Q4 2012. As a means of comparison, the rate of foster youth for all of California during the same time period was 13.4%. Aside from Mono and Sierra Counties with 1 and 2 youth in out of home care respectively, Sonoma

County has the highest rate of youth authorized for psychotropic medications in the state.

Race/Ethnicity: 27.1% of white youth and 21.2% of Latino youth were authorized for psychotropic medication. Both Black and Native American subgroups had too few numbers for meaningful analysis.

Age: In Q4 2012, of all youth authorized for psychotropic medications, 80% were age 11 and older, 19% were ages 6-10.

Placement Type: As one might expect, the rate of children authorized for psychotropic medications who are placed in group homes far exceeded rates for other placement types. In Q4 2012, there were 130 Sonoma County foster children authorized for psychotropic medications, 77 of whom were placed in group homes (59.2%). The second highest rate was for children placed in foster family agency homes at 14.6%. Of all of the youth who were authorized for psychotropic medications during Q4 2012, only 3.8% were placed at VMCH.

Gender: In Q4 2012, more boys were authorized for psychotropic medications than girls. Of all boys in foster care, 30.5% of them were authorized for psychotropic medications, compared to 17.4% of all girls.

Sonoma County Analysis of Youth Authorized for Psychotropic Medication

Sonoma County public health nurses are diligent in the data entry of youth authorized for psychotropic medication. It is unclear whether authorizations are routinely end-dated and if this in fact makes a difference with regard to the methodology of this measure. Sonoma County will explore other counties' practice with regard to data entry of psychotropic medications.

Youth Self-Sufficiency Measures (8A Measures)

This collection of well-being measures computes the percentage of transition-age youth who meet established well-being criteria including high school diploma, employment, housing, independent living skills courses and have a permanency connection with an adult. **There are too few data to report quantitatively on Sonoma County's success in meeting its youth self-sufficiency goals.** The strengths and challenges below were identified through 19 community meetings and focus groups held in 2013 during the County Self-Assessment process.

Children Transitioning to Self-Sufficient Adulthood Strengths

- Strong relationships between social workers and older youth
- VOICES drop-in center in Santa Rosa with co-located social and health services and educational resources
- ILP classes at Santa Rosa Junior College
- ILP services provided through VOICES
- ILP courses offered at various group homes
- MyLIFE Transition meetings for emancipating youth provided through VOICES
- Family finding provided through Seneca Center
- Employment assistance programs through SonomaWORKS and various community-based organizations
- Strong CASA Program
- ICWA Roundtable and Protocol
- Valley of the Moon Children's Foundation resources to youth while at VMCH
- Educational stipends for youth entering college
- Transitional Housing Programs for youth nearing the age of majority
- Wraparound Program offered through SAY/Seneca provide ILP services
- New emergency shelter for non-minor dependent youth returning to foster care
- Youth emancipating with positive, permanent connections

Children Transitioning to Self-Sufficient Adulthood Challenges/Unmet Needs

- Transitional Housing Programs do not meet the demand
- Life Skills discussion don't start early enough nor do they include identified connections
- Some youth emancipating without positive, permanent connections
- Some youth emancipating without housing, high school diplomas or other essential health and social services

Systemic Factors Related to Youth Self-Sufficiency Measure

Systemic factors that may affect performance on this measure include:

- Services are for older youth, i.e. CHOPS, VOICES, Worth our Weight, etc., are not coordinated which poses challenges for youth to access
- Program eligibility criteria may be at odds with permanency goals, e.g. AB 12, ILSP, KinGAP, etc. For a youth to move into a permanent family, he or she may lose some of the supportive services that come with foster care. For example, if a child exits to permanency at age 14, he or she will not be eligible to participate in the independent living skills program.
- **Data collection methods for well-being measures are unreliable; validity untested. This is a focus of this System Improvement Plan (see pages 100-102).**

Data Accuracy (Measures 2B, 2F, 4E, 6B)

The measures listed below are included in the 2014-2019 System Improvement Plan because they have been identified as lacking in either data or data validity. Therefore, the strategies included in the 2014-2019 SIP are intended to enhance the internal processes for data collection and reporting.

Measure 2B – This measure calculates the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (10-day response).

Measure 2F – This measure calculates the percent of children in placement where face-to-face contact with a child occurs, or is attempted, each month.

Measure 4E – This measure reports the placement status of Indian Child Welfare Act eligible children.

Measure 6B – This measure reports the percent of children in out-of-home placement who have ever had an Individualized Education Plan (IEP).

2014-2019 System Improvement Plan Strategies

While a number of strategies in the (prior) 2010-2013 System Improvement Plan have assisted with improving outcomes for children and their families, Sonoma County recognizes the need to be more targeted and strategic in supporting interventions with proven track records for effectiveness during the 2014-2019 SIP cycle. Sonoma County also recognizes that services and practices must be tailored to meet the unique needs of the children and families in Sonoma County. Expanding and implementing programs and services and making policy recommendations will depend on the availability of additional public funding for County programs. To be effective at ensuring child safety and providing them with timely permanency, Sonoma County must continue to leverage and expand collaborative partnerships with families, community stakeholders, service and placement providers, educational institutions and other county departments.

The following diagram depicts the strategies that the Sonoma County Human Services Department, in partnership with its many stakeholders, plans to use, or continue using, during the 2014-2019 SIP cycle to achieve improved outcomes in the SIP focus areas of prevention, reunification, permanency for older youth, continuum of placement options, rate of youth on psychotropic medication, consistency of social work practice and better data. The strategies were selected as a result of 20 community meetings and focus groups that took place in 2013. When possible, evidence-based practices are utilized and all strategies will be implemented in accordance with the tenets of implementation science.

Focus on Prevention
 Permanency for older youth
 Define and measure well-being
 Consistency of practice
 Better data

2014 – 2019 Sonoma County Child Welfare System Improvement Plan Framework

ENGAGEMENT

Child protection is a community responsibility.

SAFETY		PERMANENCY		WELL-BEING		ORGANIZATIONAL									
PREVENTION Children are free from abuse and neglect. Children remain in their own homes whenever possible.		REUNIFICATION Children are reunified with their parents as quickly as possible and where appropriate.		EXITS TO PERMANENCY Older youth are reunified, adopted or in guardianship prior to reaching the age of majority		CONTINUUM OF PLACEMENT OPTIONS Children and youth are placed in settings that are suited to the child's needs and case plan goals. The placement system is structured to facilitate exits to permanency.		PSYCHOTROPIC MEDICATION Psychotropic medication is prescribed only to youth with clinical need for it.		YOUTH WELL-BEING "Youth well-being" is clearly defined and measured.		CONSISTENCY OF PRACTICE Expectations and practices are consistently understood and implemented.		DATA COLLECTION & ENTRY Client data are collected according to best practices.	
Team Decision Making 4 Paths to Prevention Structured Decision Making Prevention Services (diversion) Community education and outreach		Family engagement, community involvement in case planning - TEAM Ice Breakers Safety Organized Practice Parent Mentor Parent Orientation		Implement Adoptions Program with added focus on adoptions of older children Family finding Concurrent planning during permanency planning		Develop/formalize "continuum" of placement options -more foster & adoptive homes -more relative homes -more treatment foster care Strategic use of group homes Targeted use of Wrap Develop infrastructure for successful placements (assessment, placement team, LLC, TDM)		Analyze cause of high numbers Develop and implement checks and balances Monitor, review, correct Incorporate into Quality Assurance system		Identify characteristics of self-sufficiency for older youth Develop system to track self-sufficiency.		Develop practice model Enhance supervisory effectiveness Quality Assurance system		Develop data system for tracking children's mental health assessments Improve data accuracy in ethnicity, contacts, education, ILP	
<u>Indicators:</u> % Entries to foster care % Recurrence of maltreatment % Clients completed services Community knowledge of child abuse and reporting Stakeholder input		<u>Indicators:</u> % Timely reunification % Re-enter foster care % Ice Breakers % clients complete parent orientation % clients engaged in case planning Stakeholder input		<u>Indicators:</u> % kids in care >24 months exiting to permanency % adoption of older youth # family members "found" % of PP kids with concurrent plan other than PPLA Stakeholder input		<u>Indicators:</u> # youth in group homes Average length of stay in GH # treatment FH # foster homes # relative homes # step downs Stakeholder input		<u>Indicators:</u> % youth authorized for psychotropic medication % authorization override Average length of time on meds Stakeholder input		<u>Indicators:</u> Accurate self-sufficiency profiles and data reports Youth input		<u>Indicators:</u> Stakeholder perception of consistency % supervisors complete training & participate in learning community % QA system developed Stakeholder input		<u>Indicators:</u> Accurate youth well-being profiles and data reports Accurate and complete ethnicity data reports	

All policies, programs and practices are rooted in FYC organizational values, are based on researched best practices, are locally/culturally appropriate and are implemented effectively.

Overview of 2014-2019 System Improvement Plan Strategies – Family, Youth & Children’s Division

The child welfare strategies that comprise the 2014-2019 System Improvement Plan are categorized by their contribution to improvements to one or more of the SIP focus areas: *prevention, reunification, permanency for older youth, continuum of placement options, rate of youth on psychotropic medication, consistency of social work practice and better data*. The section below (pages 28-35) provides a brief summary of the current practices and/or future plans for the 2014-2019 SIP strategies. **A detailed work plan for each strategy can be found in Attachment A.**

Prevention – Children are free from abuse and neglect. Children remain in their own homes whenever possible.

Team Decision Making – Sonoma County implemented Team Decision Making in February 2012. In an effort to implement well, the department chose to implement the program for one placement-related decision, *At Risk of Imminent Placement*, and initially only for children ages 0-5 in the city of Santa Rosa and for all Native American and African American children at risk of removal in the county. The 2014-2019 SIP will expand the utilization of TDM for all children in the county at risk of removal. It will also expand the use of TDM to other placement decisions; please see *Continuum of Placement Options* below.

4 Paths to Prevention – In 2013, the Human Services Department began a new initiative designed to integrate the different “levels” of pre-placement intervention into a purposeful matrix of prevention options selected based on a family’s risk, needs and willingness to participate in services. The 4 Paths to Prevention Program offers increasingly higher levels of department oversight from diversion (referrals to outside services, no case opened) to voluntary family maintenance, informal supervision (WIC 301) to court-ordered family maintenance. This new program added three new social workers.

Structured Decision Making – The Human Services Department began using SDM in 2010 and uses all available assessment tools except the Substitute Care Provider Assessment Tool. The HSD believes the use of SDM has contributed to its strong track record of preventing recurring abuse. In order to maintain and improve in this area, the department will continue to focus on increasing the timely utilization of all the SDM tools in the 2014-2019 SIP. Action steps include regular compliance reporting to staff, enhanced remote access to SDM and progressive discipline.

Community-Based Prevention Services – The Human Services Department is the designated agency to administer child abuse prevention funds received through the Office of Child Abuse Prevention (OCAP). The HSD contracts with community-based service providers to offer a variety of prevention services including parent education, resource assistance, emergency family housing, counseling, case management and more. These services are available to families at no cost by referral from an emergency response social worker when an ongoing child welfare case is not opened. The 2014-2019 SIP outlines steps to ensure that services offered are evidence-based and accessible to families. It also creates a plan to monitor and increase families' *engagement* in services.

Community Education and Outreach – In January 2014, the Human Services Department hired a social worker whose sole responsibility is to ensure the community is knowledgeable about how to identify and report suspected child abuse and neglect. Outreach to the community will be done in partnership with the Child Abuse Prevention Council (Prevent Child Abuse Sonoma County). In addition to responding to requests for training, communities will be proactively and strategically selected for outreach based on analysis of needs using neighborhood-level data. The education campaign will also include content designed to arm the community with ideas about how to help struggling families who may be at risk of child abuse or neglect.

Reunification – Children are reunified with their parents as quickly as possible and where appropriate.

Research shows that at the caseworker level, factors associated with successful reunification include meaningful family engagement, assessment and individualized case planning and quality service delivery (such as cognitive-behavioral, multi-systemic or skills-focused services).⁵ All five reunification strategies were developed in recognition of the literature.

Together to Engage, Act & Motivate (TEAM) – Sonoma County developed and launched a new program in July 2013 called TEAM. The purpose of the program is engage the family, youth, service providers and family-identified supports in developing the initial and ongoing child welfare case plans for families of youth (and the youth themselves) who are in out-of-home placement. The program added three new social workers who are responsible for facilitating multi-disciplinary team meetings; they do not carry caseloads. The 2014-2019 SIP will ensure a strong implementation of this program and will over time expand its reach to families whose children remain home with court-ordered family maintenance.

Ice Breaker Meetings – Sonoma County Human Services Department has been holding Ice Breaker meetings since 2009. A best practice recommended by the Quality Parenting Initiative (QPI), Ice Breaker meetings are intended to provide an opportunity for birth parents, foster parents and social workers to create a sense of partnership on behalf of the “shared” child at the start of a placement in a foster home. In addition to sharing valuable information about the unique temperament and needs of the child, ice breaker meetings can also “break the ice” between birth and foster parents, paving the way for positive ongoing communication and support to the birth parents as they overcome their parenting challenges. Utilization of ice breaker meetings has been inconsistent among Sonoma County social workers. The 2014-2019 SIP creates accountability for the completion of ice breaker meetings and devotes a portion of a social worker to support the program.

Safety Organized Practice (SOP) – In light of two predominant themes of the 2013 County Self-Assessment process, family engagement and consistency of practice, and in

⁵ Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Service, Children’s Bureau.

acknowledgment of the growing use of SOP across the state, Sonoma County has included Safety Organized Practice as a SIP strategy to hasten the reunification process. The 2014-2019 SIP calls for staff training on SOP. The initial areas of focus for SOP will be on family interviewing and effective case plans.

Parent Mentors – The Human Services Department has had a fledgling Parent Mentor program since 2008. Due to a lack of resources to bring the program to scale, the parent mentor program has not developed beyond a pilot status involving one volunteer parent mentor. The program has been designed and administratively prepared for implementation. The 2014-2019 SIP will hold this program in reserve with a flag for priority implementation once resources are identified, such as grants or additional child welfare funding. The purpose of the parent mentor program is to provide a peer mentor to parents receiving family reunification services.

Parent Orientation – Parents whose children have been removed are often unclear about the court process and what reunification entails. In response to the need to provide more information, Sonoma County Human Services Department developed a business plan for a parent orientation program that provides 4 sessions to parents immediately after their children have been removed. The program has been designed and is ready for a competitive procurement process. The 2014-2019 SIP will hold this program in reserve with a flag for priority implementation once resources are identified, such as grants or additional child welfare funding.

Exits to Permanency - Older youth are reunified, adopted or in guardianship prior to reaching the age of majority.

Implement Adoptions Program with Emphasis on Older Youth – Effective July 1, 2013 Sonoma County assumed responsibility for all aspects of public adoption services for Sonoma County dependent youth. For the last five years, Sonoma County has produced excellent outcomes for young children who are adopted. Children under age six make up the majority of children who are adopted in Sonoma County and they are adopted within the timeframes required by law. Older children, on the other hand, are

not adopted as often or as quickly. The 2014-2019 SIP will use the adoptions program as a strategy to improve permanency outcomes for older youth with action steps such as child-specific recruitments and concurrent planning after family reunification services are terminated to birth parents.

Family Finding – A child welfare “case” can cover a great distance during its long journey from Emergency Response to Adoptions Services. As such, the case will be managed by many individuals over its lifespan. A natural byproduct of this mobility is the diffusion of information over time. Family finding is an excellent illustration of this: family information is most readily available at the case outset when parents and other kin are actively interested and involved and yet family information may not be *needed* until much later when the case is managed by a different social worker. The 2014-2019 SIP puts the spotlight on family finding and documentation in myriad ways at multiple junctures over the life of a case.

Continuum of Placement Options – Children and youth are placed in settings that suited to the child’s unique needs and case plan goals. The placement system is structured to facilitate exits to permanency.

Recruit More Relative, Foster, Adoptive and Treatment Homes – In order to ensure that a child is placed in the most appropriate setting, a social worker needs to have options from which to choose. There is a domino effect on permanency and well-being outcomes starting with a forced placement due to lack of options. The Sonoma County Human Services Department will use the 2014-2019 SIP to deploy a redesigned outreach and recruitment strategy to build its cache of foster, adoptive and treatment foster homes. Further, the SIP creates a blueprint for more placements with relatives.

Develop and reinforce supportive services to substitute care providers – Placements are more successful when substitute care providers have adequate support including support during times of transition to a new placement. The 2014-2019 System Improvement Plan acknowledges that recruitment alone cannot solve the problem of placement options; retention of substitute care providers is another essential building

block to successful placements and ultimately permanency. Retention strategies include dedicated and enhanced support to relative and foster homes, increased education and training, and coordinated/timely services to children and caregivers at the time of placement.

Improve assessment process to support permanency-oriented placements – The third essential piece of the placement infrastructure is the assessment process completed by social workers to determine the ideal placement. In Sonoma County, there are multiple players involved in the assessment process including Sonoma County Behavioral Health, Valley of the Moon Children’s Home, placement specialists and case carrying social workers. The 2014-2019 SIP aligns the sequence of events that make up the assessment process and coordinates the various participants in the placement process with the intent to make timely, permanency-oriented placements.

Formalize placement system into a “continuum of care” – As in most complex systems, the individual components that comprise the system often exist in silos, uncoordinated and potentially at odds with one another. The strategies that have been described thus far for this SIP focus area are “building blocks”; in order to achieve the full collective impact, each strategy must be coordinated with the other strategies. To that end, the 2014-2019 SIP includes additional strategies to ensure coordination by institutionalizing the recruitment, retention and support activities into one seamless continuum of care. Included among them are the strategic use of group homes and wraparound, integrating family finding into the placement system and expanding Team Decision Making to placement changes.

Psychotropic Medication (youth well-being) – Psychotropic medication is prescribed only to youth with a clinical need for it.

Sonoma County dependent youth are prescribed psychotropic medication at a rate nearly double the state rate. Sonoma County Human Services Department will use the 2014-2019 System Improvement Plan to understand the causes of the high rate and to develop processes to ensure checks and balances and to provide ongoing monitoring at

the individual and aggregate levels. These processes, when established, will be integrated into the department's quality assurance system.

Youth Self-Sufficiency – Youth well-being (during foster care and at age of majority) is clearly defined and measured.

Sonoma County dependent youth who do not reunify or move into guardianship or adoptive homes by the time they reach adulthood will ultimately “age out” of foster care sometime between the age of 18 and 21. Sonoma County has little data about how youth who age out of foster care are doing – emotionally, socio-economically, educationally, health-wise – when they leave the foster care system. The 2014-2019 SIP includes strategies to build the community's knowledge about how Sonoma County foster youth fare when they transition out of the dependency system. These data will be used to inform practice with youth prior to the age of transition.

Consistency of Practice – Expectations and practice are consistently understood and implemented.

In the various community meetings and focus groups held in 2013, the Human Services Department heard from all stakeholder groups that there is variation in how child welfare services are inconsistently interpreted, implemented and enforced. Variation is characteristic of social work practice and allows for flexibility at the child and family level. Therefore, the 2014-2019 SIP outlines the steps the department will take to articulate its values, practice expectations and quality assurance plan including development of a local practice model framework, enhancing supervisory effectiveness, SDM case readings and random-sample case reviews.

Data Collection and Entry – Client data are collected according to best practice.

Too often during the County Self-Assessment process the department encountered insufficient or inaccurate data which prevented thorough analysis. There are insufficient data in the areas of youth education, child mental developmental screenings, substitute caregiver ethnicity, independent living skills activities and

service outcome data. In addition, there may be flaws in the way child and parent ethnicity/race are assessed and documented. The 2014-2019 System Improvement Plan lays out a series of actions that will, over the course of the plan, result in more complete and accurate data and consequently heightened understanding of local programs and outcomes.

Prioritization of Direct Service Needs

Priority Populations

The children, youth and families served by the Human Services Department have diverse needs and therefore may be a high priority for certain interventions and a low priority for others. The following table illustrates the priority population identified for each of the 2014-2019 SIP focus areas.

SIP Focus Area	Priority Population	Supporting Data
Prevention of Child Abuse and Neglect including all OCAP funded services	Children and families at moderate, high or very high risk of child maltreatment. Children ages 12 to 36 months had the highest rate (12.1%) of a second substantiated occurrence of maltreatment.	The SDM Risk Assessment 2013 Sonoma County Self-Assessment – <i>page 61</i>
Reunification	White children and teenagers of all races/ethnicities are the slowest to reunify. African American children and children ages 3-10 years of age re-entered foster care at the highest rate.	2013 Sonoma County Self-Assessment – <i>page 72</i> 2013 Sonoma County Self-Assessment – <i>page 77</i>
Permanency for older youth	Few children age 10 and older are adopted or enter into guardianships, and when they do, it is after having been in care for twice as long as younger children. Fewer Latino children in care for longer than 24 months exit to reunification, adoption or guardianship.	2013 Sonoma County Self-Assessment – <i>page 82-84</i> 2013 Sonoma County Self-Assessment – <i>page 93</i>

Develop/formalize a full continuum of placement options	Foster and adoptive homes for older youth, children with autism, sibling groups, Latino and African American children. Youth placed in group homes. Children age 10 and older.	2013 Sonoma County Self-Assessment – <i>page 123, 146</i>
Youth authorized for psychotropic medication	Youth placed in group homes. African American youth. Children age 11 and older.	2013 Sonoma County Self-Assessment – <i>page 126</i>
Define and measure youth well-being	Youth age 16 and older in placement.	2013 Sonoma County Self-Assessment – <i>page 110</i>
Consistency of practice	Family, Youth and Children’s Division staff	2013 Sonoma County Self-Assessment – <i>page 129</i>
Data collection and data entry	Family, Youth and Children’s Division staff	2013 Sonoma County Self-Assessment – <i>page 171</i>

Office of Child Abuse Prevention Funded Services

Through the County Self-Assessment process, it has been determined that families who meet the following criteria are of the highest priority for community-based prevention services: A high priority family has 1) been investigated for alleged child abuse or neglect; 2) is assessed (SDM) as having some risk for future maltreatment; and 3) may not present with sufficient legal grounds for ongoing agency involvement. As a result, HSD has created a *de facto* Differential Response program that provides high quality, diverse, community-based child abuse prevention services with funds provided by the Office of Child Abuse Prevention (OCAP). OCAP provides funds for and oversight of Promoting Safe and Stable Families (PSSF), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Children’s Trust Fund (CCTF).

In addition to community-based child abuse prevention, PSSF funds are also used to support utilization of services for families engaged in time-limited family reunification and adoption promotion and support. Social workers provide this support by coordinating the provision of services, providing child care support, language interpretation and advocacy for the family.

For services that are provided by community-based organizations, HSD completes a Request for Proposal process every three years. All contracted services are required to follow service models that are evidence-based/evidence-informed. The Sonoma County First 5 Commission plays a key role as a reviewer in the RFP process and the Board of Supervisors approves all CAPIT/CBCAP/PSSF/CCTF funded contracts.

All programs meet the requirements of their specific funding source(s).

- **PSSF Family Preservation** and **CBCAP** funds are utilized to fund a contracted service that offers a variety of modalities of Triple P parenting support and education, which follows in line with the CBCAP priority of promoting the development of parenting skills and the Family Preservation priority of pre-placement prevention services.
- **PSSF Family Support funds** are utilized for contracted services that offer Functional Family Therapy as well as intensive case management, resource development and family finding services which is aligned with the Family Support priority to increase the strength and stability of families.
- **CAPIT funds** are used to support two contracted service programs. One program offers in-home nursing support, education and resource assistance; a second program offers transitional housing, parent education and case management. These services align with the priority of offering high quality home visiting program (all services take place in the home/current place of residence).
- **CCTF funds** are used to support the Sonoma County Child Abuse Prevention Council, as well as contracted services for resource assistance, therapy, domestic violence support, child care, transitional housing, parent education and case management. These programs fall in line with the broad CCTF priorities as well as the locally designated priority to provide prevention services to families diverted from the Child Welfare system.

The Child Abuse Prevention Council provides countywide leadership and information on child abuse prevention efforts. All of the other above listed contracted services are

provided only to families that have been reported to Child Welfare Services and later diverted from the system and offered these prevention services.

- **PSSF Adoption Support funds** are utilized to provide internal staffing resources to support and coordinate pre-and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children.
- **PSSF Family Reunification** funds are utilized to access temporary child care and therapeutic services for families and provide transportation to a variety of supportive services.

PSSF Adoption Support and Promotion and PSSF Family Reunification funds are used to exclusively serve children and families with an active Child Welfare case.

Evaluating Outcomes

Sonoma County is committed to providing the highest quality of services to children, youth and families. The Human Services Department has implemented a variety of strategies to increase the number of evidence-based services it offers, including bonus points during the competitive procurement process, contractually required logic models and increasingly, program evaluation. Further, the Sonoma County Upstream Investments Initiative⁶, which is sponsored by the Board of Supervisors and led by the Human Services Department, provides a practical framework and support for local programs to develop the components to provide an empirical basis for their services, such as literature reviews, logic models, evaluation plans, evaluations, policies and procedures, etc. All Sonoma County programs that receive Office of Child Abuse Prevention funding⁷ are contractually required to work with the Upstream Initiative to create these components and ultimately to be featured on the *Upstream Investments Portfolio of Model Practices*.

Since 2011, most Human Services Department service contracts have included output and outcome targets and provisions governing data collection/reporting. Some, such as

⁶ See <http://www.sonomaupstream.org>.

⁷ Office of Child Abuse Prevention funding sources include Promoting Safe and Stable Families (PSSF), Community Based Child Abuse Prevention (CBCAP), Child Abuse Prevention, Intervention and Treatment (CAPIT) and the Children's Trust Fund (CTF).

the Family Permanency Collaborative (SB 163 Wraparound Services), have partnered with the department in a full program evaluation. There remains a gap in the use of standardized and validated client improvement instruments. The 2014-2019 System Improvement Plan features strategies to improve data collection in a variety of areas including client services outcome data.

Between 2014 and 2015, contractors receiving OCAP funds for prevention services will be participating in a *collective impact* evaluation. In addition to looking at the effectiveness of individual intervention types, the collective impact evaluation will measure the impact of all contracted services on several key child welfare outcomes including recurrence of maltreatment. In addition, the evaluation will gauge the impact of contracted services on building families' protective factors using the Strengthening Families framework.

Assessment of the Service Delivery System

Sonoma County Human Services Department maintains a structured oversight and evaluation process for all of its CAPIT/CBCAP/PSSF contracts. Program reports from each funded agency are received quarterly, and annual site visits and conference calls are completed. Additionally, funded contractors complete their own internal evaluation and a collective impact of service delivery is also completed every three years. Through the County Self-Assessment process, client and community partner input was gathered at three large community meetings, one of which was focused exclusively on safety and prevention efforts. Additionally, sixteen focus groups were held with key stakeholders, several of which covered topics related to safety and child abuse prevention. Over 300 participants attended one or more of these meetings and provided input to guide the self-assessment process.

Structure of the CAPIT/CBCAP/PSSF Collaborative and CCTF Commission

The Sonoma County Board of Supervisors designated the Sonoma County First 5 Commission to directly oversee the CAPIT/CBCAP/PSSF/CCTF funded programs. In turn, the First 5 Commission works with the Human Services Department, which provides day-to-day administrative support and oversight to the

CAPIT/CBCAP/PSSF/CCTF funded programs. Under the guidance of the Board of Supervisors and First 5 Commission, the Human Services Department utilizes these funds to procure high-quality prevention services through contracts with community-based service organizations. The First 5 Commission develops the criteria and process for the procurement of CCTF-funded programs. Contracted services are provided exclusively to families have been reported to Child Welfare Services, investigated by a Social Worker and referred to contracted prevention services without opening an official Child Welfare Services case. Many of the contracted services are evidence-based. Contracted prevention services include parenting support and education, resource assistance, therapy, support for victims of domestic violence and sexual abuse, in home nursing support, transitional housing and child care. The Human Services Department also utilizes CAPIT and CCTF funds to support the local Child Abuse Prevention Council.

State and Federally Mandated Child Welfare Initiatives

Sonoma County currently participates in, and has implemented, the Fostering Connections After 18 program. Program-funded services include:

- Giving eligible foster youth the ability to remain in foster care and receive services and supports after age 18, and at full implementation, up until the age of 21.
- Providing extended Kinship Guardian Assistance Payments (Kin-GAP) or Adoptions Assistance Payments (AAP) to eligible young adults up until age 21, provided they entered the Kin-GAP or AAP program at age 16 or later.
- Providing extended assistance up to age 21 to young adults placed by the Juvenile Court with a non-related legal guardian and those placed by the Juvenile Court with an approved CalWORKS relative.

Sonoma County Human Services Department (HSD) and Sonoma County Behavioral Health Division (BHD) routinely collaborate on programs and services of shared interest. Recent among them are the provisions of the class action *Katie A.* lawsuit which requires counties to provide mental health services to children in foster care. In order to meet this requirement, the HSD and BHD have completed a readiness assessment of all aspects of its mental health screening, assessment and service system and have already begun to create policies, practices and programs to address identified needs. As appropriate, changes identified in response to *Katie A.* have been incorporated into the 2014-2019 SIP.

The HSD has also been a regular participant in the *Continuum of Care Reform* dialogue at the state level. Knowing that group home placements would be a focus of the 2014-2019 System Improvement Plan, Sonoma County developed strategies to reduce group home placements in anticipation of and in coordination with the policy recommendations from the Continuum of Care Reform Workgroup. Further, the HSD began immediately to enact the new group home time limits that were put into effect in November 2013.

Sonoma County makes use of several flexible funding opportunities and interagency collaborations to achieve positive outcomes for children and families. One such opportunity is the Family Permanency Collaborative, which is the Sonoma County program for SB 163 Wraparound. The Family Permanency Collaborative is a collaboration of the Human Services Department, Sonoma County Probation Department, Sonoma County Behavioral Health, the Sonoma County Courts and an array of community service providers. The objectives of the Family Permanency Collaborative are to prevent youth from entering group home care and to transition youth already in group home care back into their communities.

Another source of flexible funding is the Children's Trust Fund (CTF). Local funds (birth certificate fees, children-themed license plates and donations) are deposited into the trust and used to support high quality child abuse prevention programming. A portion

of the CTF is earmarked to fund the child abuse prevention council, *Prevent Child Abuse Sonoma County*, which functions as a countywide advocate for the prevention of child maltreatment. In addition to providing funding the child abuse prevention council, Sonoma County Human Services Department staff participate in quarterly meetings of the council and the educational activities that the council coordinates during child abuse prevention month each year.

Sonoma County utilizes Child Welfare Services Outcomes Improvement Program (CWSOIP) funds to support recruitment, retention and licensure of new foster and adoptive homes. This is a key focus in the 2014-2019 System Improvement Plan.

Sonoma County Probation Department

Overview of the Sonoma County Probation Department

Sonoma County's Juvenile Justice System is comprised of the Superior Court, which dedicates two judges to handle delinquency matters, the Probation Department, the Public Defender's office and the District Attorney's office. The supervision of juveniles in the community varies from informal probation to specialized programs designed to handle more seriously delinquent youth.

The Juvenile Probation Division of the Sonoma County Probation Department handles approximately 1,200 youth offenders per year. The Probation Department is responsible for investigating crime reports referred by local law enforcement agencies, determining the appropriate level of handling of those referrals, preparing reports with recommendations to the court and supervising juvenile delinquent youth in the community.

The Probation Department Juvenile Division utilizes a comprehensive risk/needs assessment tool to determine the level of supervision needed based on a youth's risk to re-offend. Based on the youth's assessed risks and needs, individualized case plans are created in consultation with the minor and their family. The case plan identifies interventions, supervision strategies, treatment programming, services, educational/vocational training and employment activities that are appropriate to the youth's strengths and needs. The case plan and accompanying supervision and programming are designed to promote positive change and assist in developing pro-social behaviors.

Development of the System Improvement Plan

The Sonoma County System Improvement Plan (SIP) is the final step in the California Child and Family Services Review Process (C-CFSR). The development of the SIP was guided by a

collaborative effort between Sonoma County Probation and the Human Services Department's Family, Youth and Children's Division. Extensive analysis of services, programs and processes were conducted for the purpose of identifying areas of strength and weakness within the Sonoma County child welfare and juvenile probation systems. Community partners, stakeholders and county staff participated in several community meetings and focus groups, which provided important feedback and recommendations. All of this provided a foundation to the outcome measure and strategies included in the current SIP.

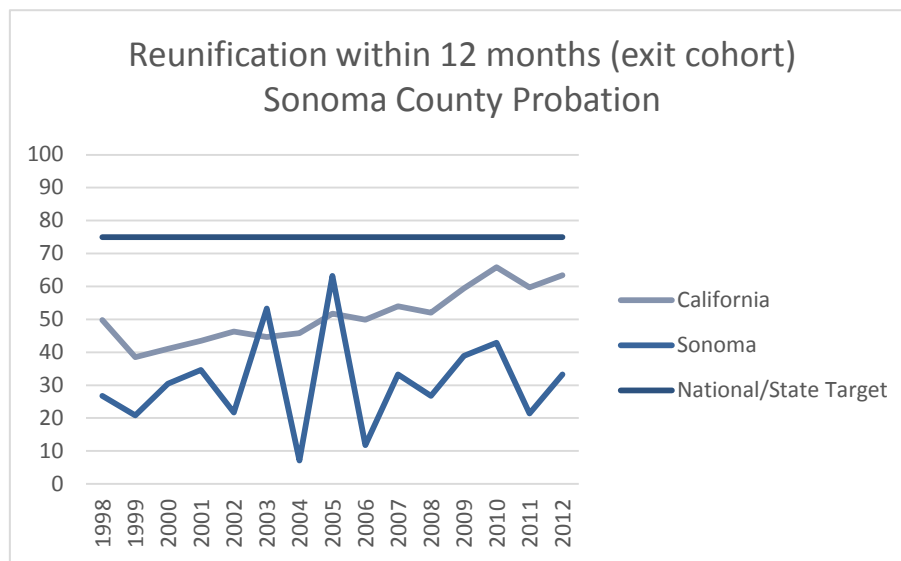
Prioritization of Outcome Measures and Systemic Factors

CFSR Outcome and Process Measures to be addressed in the 2014-2019 System Improvement Plan for Juvenile Probation

Measure C1.1 Reunification within 12 Months (exit cohort)

Probation chose measure C1.1, reunification within 12 months, because the majority of youth placed in foster care through delinquency proceedings return to the home upon program completion. The national standard/goal for reunification within 12 months is 75%. Between 10/01/11 and 09/30/12, only 25% of probation youth reunified within 12 months. Sonoma County Probation performance in Q2 2013 on measure C1.1 was 50% (14 of 28 youth reunified within 12 months).

In an effort to improve reunification efforts, the probation department's improvement goal is to increase the percentage of youth who reunify within 12 months from 25% to 40% over the next five years. When looking at probation data, rates of timely reunification vary greatly due to small numbers of placement youth. The graph below indicates that over the last five years (2008 – 2012), probation had an average reunification rate of 30% for this measure. The figure also shows the State average over the same five-year period was approximately 59%. Sonoma County Probation would like to move toward increasing our percentage to that of the State average, and thus arrived at a goal of 10% increase over the next 5 years.



Overview of 2014-2019 System Improvement Plan Strategies – Probation

C1.1 Reunification within 12 Months (exit cohort)

The probation department's strategies and action steps were developed in conjunction with information gathered from the County Self-Assessment, community meetings, and the Peer Review process. Throughout this entire process, there was a common theme identified which was the need for increased family engagement.

It should be noted that there are many factors in probation cases which make it challenging to meet the National standard of 75% for measure C1.1, reunification within 12 months. These factors are unpredictable and often beyond the control of the probation officer. They may include youth who have absconded from foster care and have an active delinquency warrant, youth who commit probation violations or new law violations while in placement, youth who are discharged unsuccessfully due to program non-compliance, youth with increased mental health needs and youth involved in serious gang related cases. When looking at probation data, staff also noted there are a high number of sex offenders in placement. On average, residential juvenile sex offender treatment is between 18-24 months in length. The inclusion of these youth in reunification data impacts the department's ability to meet the 75% target. In developing strategies which will increase the number of youth returning home within

12 months, probation staff focused on services and practices i.e. those things that are within the department's power to change.

Although no research has been published specifically on factors impacting reunification of youth within the probation system, there have been studies related to reunification within the child welfare system. Research shows that at the caseworker level, factors associated with successful reunification include meaningful family engagement, assessment and individualized case planning and quality service delivery (such as cognitive-behavioral, multi-systemic or skills-focused services).⁸ Strategies 1, 2 and 3 are directly informed by this research. System level factors that impact permanency include caseworker training, competencies and expertise.⁹ Sonoma County placement officers are senior-level officers, all of the rank Deputy Probation Officer III. They attend trainings regularly through the Resource Center for Family-Focused Practices, UC Davis Extension. This continued education and training supports all the strategies listed below. As an example, the officers will be attending training on concurrent planning for probation youth in 2014 (strategy 4).

In addition to the strategies listed below, over the last several years, the probation department has invested heavily in Evidence Based Practices (EBP). The department-wide plan for implementing evidence-based practices addresses the principles of risk, need, treatment and fidelity. The plan includes implementation of the following strategies/ tools.

Staff have been trained in Motivational Interviewing, and all cases with petitions filed are assessed using the Positive Achievement Change Tool (PACT), a validated risk assessment tool which identifies a youth's criminogenic needs and risk of recidivism. The probation department continues to address those top criminogenic needs which evidence shows has a greater impact on recidivism. Staff now are using an integrated case plan which ties the identified risk and needs into a more comprehensive,

8 Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Service, Children's Bureau.

9 Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Service, Children's Bureau.

meaningful case plan using “SMART” (Specific, Measurable, Attainable, Reasonable and Time Bound) goals. Probation officers are working collaboratively with youth and their families to develop these case plan goals. Identification of the youth’s treatment issues are paramount and a crucial component for all involved, probation, parents, youth and placement programs. Reunification can only be achieved when all parties work collaboratively as a team to address those issues which resulted in home removal.

Sonoma County Probation is proud to be at the forefront of utilizing EBP within the criminal justice realm. The probation department has rolled out these EBP concepts and tools in a successive way, so as to build and strengthen the quality of services offered to youth and families. Recently, the probation department has added another layer which is called Effective Practices in Community Supervision (EPICS). This marks the beginning of the department’s transition to a structured, integrated method of youth/offender supervision, building on our foundation of evidence-based principles and application of best practices. The department, in order to ensure a successful implementation of EPICS and other EBPs, is continuing to address operational issues, such as filling existing vacancies, adding additional positions and making caseload adjustments. A case management policy has been developed which clearly maps out expectations for all staff and supervisors. This EBP road map will continue to reinforce the efforts which the probation department has already taken to being a more effective and productive agency.

The strategies developed by the probation department for the 2014-2019 System Improvement Plan (SIP) directly coincide with the larger EBP efforts already established by the department and it is hoped that these strategies will further strengthen the youth and families we work with and overall help the department reach our identified system improvement goals.

Strategies to help achieve our reunification goal are listed as follows:

Strategy 1: Increase monthly contact with custodial and non-custodial parent/guardian for reunification cases.

Strategy 2: Create and implement a monthly parent education and support group.

Strategy 3: Conduct Assessment of youth and family to determine level of readiness to transition home.

Strategy 4: Increase concurrent planning activities.

Measure 2F (Replaced 2C): Timely monthly Probation Officer visits (out of home)

As indicated in our CSA report, Q4 2012 data shows probation had an 87.9% performance rate for this measure. This is slightly below the National/State target of 90%. The probation department does a very good job on contacting all minors in the group home; however, there is no way for the CWS system to account for those youth who are on warrant status. CWS entry is still required on AWOL youth; however, it cannot be entered as a “completed” visit. The probation department makes a diligent effort to locate those youth on AWOL or warrant status; however, credit cannot be given on those “attempted” visits, therefore, making it nearly impossible to meet the target percentage. Also, prior to 2013, the probation officers had not been trained to enter monthly visits on those youth with active placement orders, but may be detained in the juvenile hall awaiting placement. The probation department is hopeful that the percentage will increase slightly since officers have now been trained to enter information in CWS regarding visitation with those youth in the Juvenile Hall.

5 – Year SIP Chart – Sonoma County

Priority Outcome Measure or Systemic Factor: No Recurrence of Maltreatment (Measure S1.1)

National Standard: >94.6%

Current Performance: In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate was 93.8%. In Q3 2013, the rate was 90.9%.

Target Improvement Goal: Increase rate to 94.6% or higher rate of no recurrence of maltreatment over 5 years.

Priority Outcome Measure or Systemic Factor: Reunification within 12 months (exit cohort) (Measure C1.1)

National Standard: >75.2%

Current Performance: In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate was 47.3%. In Q3 2013, the rate was 71.2%.

Target Improvement Goal: Increase the rate of timely reunification to 70% within 5 years. Note on the target: even though the county's rate of timely reunification was above 70% in Q3 2013, it has historically been 60% or below. Achieving a consistent rate of 70% or higher would be a significant accomplishment for Sonoma County.

Priority Outcome Measure or Systemic Factor: Re-entry following reunification (Measure C1.4)

National Standard: <9.9%

Current Performance: In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate was 8.1%. In Q3 2013, the rate was 5.7%.

Target Improvement Goal: Maintain 9.9% or lower rate of re-entry following reunification over 5 years.

Priority Outcome Measure or Systemic Factor: Exits to permanency (24 months in care) (Measure C3.1)

National Standard: >29.1%

Current Performance: In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate was 23.3%. In Q3 2013, the rate was 25.9%.

Target Improvement Goal: Increase to 27% the number of youth (already in care for 24 months or longer) who exit to reunification, guardianship and adoption within 5 years.

Priority Outcome Measure or Systemic Factor: Least restrictive environment (PIT) (Measure 4B)

National Standard: N/A

Current Performance: In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate of relative placements was 26.9%. In Q3 2013, the rate of relative placements was 27.1%. In Q4 2012, which was the time period analyzed in the 2013 CSA, Sonoma County's rate of group home placements¹⁰ was 18.1%. In Q3 2013, the rate of group home placements was 13.7%.

Target Improvement Goal: Increase to 40% the number of children placed with relatives over 5 years. Decrease to 8% the number of children placed in group homes within 5 years.

Priority Outcome Measure or Systemic Factor: Recruitment and retention of foster homes (Systemic Factor)

National Standard: N/A

Current Performance: Sonoma County currently has 103 licensed foster homes.

Target Improvement Goal: Increase number of foster homes by 10 homes within 5 years. Increase by 15 homes the number of treatment foster homes over 5 years.

¹⁰ When you factor in placement at Valley of the Moon, which is also licensed as a group home, the rate in Q4 2012 was 22.1% and in Q3 2013 20%.

Priority Outcome Measure or Systemic Factor: Quality Assurance (Measures 2B, 2F, 4E, 6B)

National Standard: N/A

Current Performance: N/A

Target Improvement Goal: Complete, accurate client data. Youth, family and community are engaged in case planning and decision making. Consistent social work practice.

PROBATION Priority Outcome Measure or Systemic Factor: Reunification Within 12 Months (Measure C1.1)

National Standard: >75.2%

Current Performance: Probation Department performance in Q4 2012 was 25% (5 of 20 youth reunified within 12 months). Performance in Q2 2013 was 50% (14 of 28 youth reunified within 12 months). Due to the small number of placement cases in Sonoma County, there is a great deal of fluctuation in the quarterly data on this measure. However, annual data show that Sonoma County Probation performance averaged between 20% and 40% in this measure over that last five years.

Target Improvement Goal: Increase percentage to 40% over the next 5 years.

PREVENTION OF CHILD MALTREATMENT		
Prevention Strategy 1: Expand TDM to all initial child removals countywide.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Entry Rates, Recurrence of Maltreatment (S1.1), Family Engagement
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: TDM meetings held for over 90% of removals.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Reconnect with U.C. Davis to reestablish contract for TDM technical support and consultation.	January 2014	Initial Services Section Manager TDM Supervisor FYC Training Coordinator
B. Establish monthly meetings with TDM manager, supervisor and consultant to finalize geographic expansion plans.	January 2014-Dec 2014	Initial Services Section Manager TDM Supervisor
C. Present plan to a Joint Supervisors' meeting to ensure that all programs are fully aware of TDM protocols and requirements.	March 2014	Initial Services Section Manager TDM Supervisor
D. Create and present refresher training on TDM for all ER/VFM/24-hour/weekend staff.	January 2014-June 2014	Initial Services Section Manager TDM Supervisor FYC Training Coordinator Consultant

E. Establish feedback loop to ensure that all initial placement TDM procedures are followed and that all issues/problems are resolved as quickly as possible.	January 2014-December 2014	Initial Services Section Manager Initial Services Supervisors
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Prevention Strategy 2: Implement 4 Paths to Prevention	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Entry Rates, Recurrence of Maltreatment (S1.1), Family Engagement
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 90% of social workers are trained in the 4 Paths to Prevention model and use decision trees to guide case pathway.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Complete and publish 4 Paths Policy & Procedure.	December 2013- Jan 2014	Initial Services Section Manager VFM, 301 Supervisors Program Planning Analyst
B. Develop advanced training plan for ER, VFM, 301 and Placement units on 4 Paths implementation and practice.	January 2014-June 2014	Initial Services Section Manager Initial Services Supervisors FYC Training Coordinator
C. Create feedback loop for supervisors and managers to identify and resolve problems; establish means via section, joint, all-staff, unit meetings and through individual weekly conferences between	January 2014-June 2014	Initial Services Section Manager Initial Services Supervisors Court Services Supervisor

social workers and supervisors.		
D. Ensure that CAPIT/PSSF funding is fully utilized in referring Path 1 families to community services.	January 2014-December 2019	Initial Services Section Manager ER Supervisors Program Planning Analyst
E. Develop standardized training and updates for all social workers in the Initial Services Section using the FSNA.	January 2014-December 2014	Initial Services Section Manager Initial Services Supervisors FYC Training Coordinator

Prevention Strategy 3: Increase utilization and consistency of SDM.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recurrence of Maltreatment (S1.1) Target: Completion rates exceed 90% for Safety, Risk and FSNA Tools.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop advanced training for ER/VFM supervisors and staff.	December 2013-January 2014	Initial Services Section Manager ER/Intake Supervisors FYC Training Coordinator

B. Establish consistent methodology for ER/VFM supervisors to ensure accountability for use of SDM tools, specifically the Safety, Risk and FSNA assessments.	December 2013-June 2014	Initial Services Section Manager Initial Services Supervisors
C. Encourage and recruit more social workers to join the SDM workgroup.	January-December 2014	Initial Services Section Manager Intake Supervisors
D. Ensure that SDM is a topic on every Initial Services unit meeting agenda, utilizing My Measures and SDM dashboards.	January 2014-December 2014	Initial Services Section Manager Initial Services Supervisors
E. Include supporting data on SDM compliance from Safe Measures on every Initial Services staff evaluation.	January 2014 and ongoing	Initial Services Section Manager Initial Services Supervisors

Prevention Strategy 4: Deliver effective evidence-based, contracted prevention services that are accessible to families and effectively meet families' cultural and language needs.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recurrence of Maltreatment (S1.1) Target: All HSD-contracted prevention service providers will provide an evidence based model of service delivery, be accessible to families county-wide (either with several locations or home/community-based services), and available in cultures and languages that represent families needs.
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	

Action Steps:	Timeframe:	Person Responsible:
A. Ensure that information is shared with currently contracted agencies on the Upstream Portfolio and continued participation is encouraged. Information will be shared annually as the main topic at one quarterly meeting.	December 2014 and annually thereafter	Program Planning Analyst
B. Communicate the expectations to currently contracted agencies about the practical components of the provision of services that are accessible to families and available in the family's home culture/language.	February 2015	Program Planning Analyst
C. Complete RFP process for CAPIT/CTF services and outline the requirement to provide accessible, evidence-based and culturally appropriate as a minimum requirement for each proposal.	April 2015	Program Planning Analyst
D. Add reporting requirement to provide data in order to monitor agency compliance in these three areas. Monitoring information will be required as part of quarterly reports as well as annual site visits.	July 2015 and quarterly thereafter	Program Planning Analyst
E. Complete RFP process for PSSF/CBCAP funded services and outline the requirement to provide accessible, evidence-based and	April 2016	Program Planning Analyst

culturally appropriate services as a minimum requirement for each proposal.		
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Prevention Strategy 5: Proactively educate and engage the community in a child abuse prevention campaign in order to build a wider safety net for families at risk of recurrence of maltreatment.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Participation Rates (Allegations, etc.); Recurrence of maltreatment (S1.1)
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	Target: 85% FYC community partners and other organizations that have contact with children and families will have an increased sense of understanding of the efforts that they can do to prevent child abuse.
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a coordinated outreach program that focuses on widespread child abuse prevention messaging, mandatory child abuse reporting, and relationship building/networking with relevant community groups and partners.	March 2014	Outreach Workgroup
B. Implement outreach program and effectively communicate child abuse prevention messaging to a target number of participants (as determined in outreach plan).	July 2014	Initial Services Section Manager Intake Supervisor Outreach Social Worker

C. Build relationships with service providers through outreach and participation on community collaborative (target outlined in outreach plan) and help them identify and act upon their roles in child abuse prevention.	July 2014 and ongoing	Initial Services Section Manager Intake Supervisor Outreach Social Worker
D. Engage community members and contracted service providers in a variety of child abuse prevention activities through community outreach events and the annual Blue Ribbon Campaign (target numbers and groups will be identified in Outreach Plan).	July 2014 and ongoing	Initial Services Section Manager Intake Supervisor Program Planning Analyst Outreach Social Worker
E. Share information about child abuse prevention efforts through technology and other media sources.	July 2015 and ongoing	Initial Services Section Manager Intake Supervisor Outreach Social Worker Communications & Outreach Manager
F. Conduct pre- and post-test to all recipients of child abuse prevention training to evaluate impact of outreach and education on community knowledge.	July 2014 and ongoing	Initial Services Section Manager Intake Supervisor Outreach Social Worker Program Planning Analyst

Prevention Strategy 6: Effectively and consistently engage families in contracted prevention services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recurrence of Maltreatment (S1.1); Family Engagement
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	Target: An average of 70% of referred moderate to high risk families will actively engage in contracted prevention services, thereby reducing the risk factors that could lead to future child abuse.
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review and analyze causes for lack of engagement and best practices related to engaging families in prevention services. Gather input from staff, clients and contracted service providers.	Research August 2014 – January 2015. Analysis by February 2015.	Program Planning Analyst
B. Require that agencies implement structured processes for engagement of families that are based upon evidence-based practice. Monitor level of engagement as well as utilization of strategies as part of the quarterly and annual reporting.	March 2015	Program Planning Analyst
C. Provide training to Emergency Response social work staff at least annually to inform them about the various prevention programs and offer support and techniques to encourage family's engagement in these services.	Fall 2015 and annually thereafter	Emergency Response Supervisors Program Planning Analyst

D. Develop task focused work group to identify and discuss strategies that can be implemented by ER social workers to improve engagement.	January to May 2016	Emergency Response Supervisors Program Planning Analyst
E. Implement strategy (ies) recommended by workgroup and approved by Division Director.	December 2016	Initial Services Section Manager Emergency Response Supervisors Program Planning Analyst

PERMANENCY – TIMELY AND PERMANENT REUNIFICATION		
Reunification Strategy 1: TEAM Engage families, youth and their support system in the decisions and management of their case.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Composite; Family Engagement Target: TEAM meetings held for over 80% of eligible cases.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Convene a TEAM meeting steering committee to ensure fidelity to the original TEAM program design.	January 2014	TEAM Supervisor
B. Expand the utilization of TEAM meetings to out-of-custody investigations and Court Family Maintenance.	February 2014	Placement Section Manager TEAM Supervisor Court Services Supervisor

C. Ensure that service referrals are completed in a timely manner and that families are connected to those services as early as possible upon entering into a case.	April 2014 and every 6 months thereafter	TEAM Clerical Supervisor
D. Convene a mini workgroup with the Voluntary Family Maintenance representatives and TEAM supervisor to strategize implementing TEAM in VFM.	May 2014	TEAM Supervisor Placement Section Manager VFM Supervisor
E. Expand the utilization of TEAM meetings to Voluntary Family Maintenance and Informal Supervision.	July 2014	Placement Section Manager TEAM Supervisor
G. Convene a mini workgroup with Permanency Planning representatives and the TEAM supervisor to strategies expanding the use of TEAM Meetings in PP and for which foster youth.	January 2015	TEAM supervisor Placement Section Manager PP Representatives and supervisor
H. Expand the utilization of TEAM meetings in permanency planning to every six months.	August 2015	Placement Section Manager TEAM Supervisor

Reunification Strategy 2: Safety Organized Practice Implement a holistic approach to collaborative teamwork that builds and strengthens partnerships within a family, their support network and FYC.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Engagement Target: 80% of all workers learn and implement the strategies of Safety Organized Practice.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research Safety Organized Practice to assess fit in Sonoma County including sending select supervisors or workers to an SOP training.	June 2014	Placement Section Manager Initial Services Section Manager
B. Develop Implementation Plan for SOP reflecting multiple implementation options including a staggered implementation approach.	October 2014	Division Director Placement Section Manager Initial Services Section Manager Planning Analyst Selected supervisors or workers
C. Incorporate SOP into TEAM meetings that uses the structure, language and case planning.	January 2015	Placement Section Manager TEAM Supervisor
D. Truncated training for managers and supervisors case planning and interviewing methods of SOP.	September 2015	Placement Section Manager Initial Services Section Manager

E. Teach all case-carrying social workers how to write case plans using SOP methods and language.	January 2015	Placement Section Manager Selected Supervisor in placement
F. Train all Emergency Response Workers SOP interviewing techniques.	August 2015	Initial Services Section Manager Selected Supervisor in ER
G. Train all Case-Carrying Social Workers SOP interviewing techniques.	March 2016	Placement Section Manager Permanency Section Manager

Reunification Strategy 3: Ice-Breaker Meetings Encourage a co-parenting model when youth enter foster care between their natural family and the foster parent.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Engagement, Timely Reunification Target: 80% of initial placements will participate in an ice-breaker meeting within the first three weeks of placement. 65% of all subsequent placements will participate in an ice-breaker meeting.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:

A. Continue the workgroup of social workers, placement supervisors, foster parents, parents, youth and stakeholders to re-implement ice-breaker meetings.	January 2014	Family Reunification Supervisor
B. Identify needs, resources and training to have ice-breaker meetings at every <i>initial placement</i> .	January 2014	Family Reunification Supervisor Placement Section Manager Court Services Supervisor
C. Develop a tracking system to identify if ice-breaker meetings are happening.	January 2014	Court Services Supervisor
D. Re-implement ice-breaker meetings for all initial placements.	March 2014	Family Reunification Supervisor Placement Section Manager Court Services Supervisor
E. Develop a survey and a method to collect the information that queries foster parents and biological parents on the effectiveness of ice-breaker meetings.	April 2014	Family Reunification Supervisor Placement Section Manager Planning Analyst
F. Assess the need for training staff on the purpose of ice-breaker meetings and how to facilitate them.	June 2014	Family Reunification Supervisor Placement Section Manager

G. Train staff on the purpose of ice-breaker meetings and how to facilitate them.	December 2014	Family Reunification Supervisor Placement Section Manager
H. Implement ice-breaker meetings for all placement changes.	June 2015	Family Reunification Supervisor Placement Section Manager

Reunification Strategy 4: Parent Partner Program Connect each parent entering family reunification with someone who is familiar with navigating the child welfare and dependency court system.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Engagement; Timely Reunification Target: 80% of all parents entering the family reunification program will be assigned a parent partner.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research different models in other counties that have a parent partner program. What population did they serve and what were their duties? Scripted list of questions to ensure consistent information is gathered.	April 2015	Placement Supervisors Placement Social Workers Program Analyst

B. Continue to pilot one parent partner with one family reunification parent assigned to a supervisor for support and to gather lessons learned.	Ongoing	Family Reunification Supervisor
C. Convene an internal workgroup to design a parent partner program for Sonoma County	May 2015	Placement Section Manager Program Analyst Placement Supervisor
D. Propose a finalized draft to the HSD Director.	January 2016	Parent Partner Workgroup Placement Section Manager
E. Research funding sources and seek out possible grant opportunities.	January 2014 – April 2016	Placement Section Manager Program Analyst
F. Send a Request for Proposal for contracting a Parent Partner Program.	Tbd based on funding	Placement Section Manager Program Analyst
G. Implement a Parent Partner Program for Sonoma County.	November 2016	Placement Section Manager Program Analyst

Reunification Strategy 5: Parent Orientation Program Orientation to family reunification and the dependency system will help give families a head start into their services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family Engagement; Timely Reunification Target: 90% of all families entering the dependency system will attend a Parent Orientation.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Explore Funding sources.	January 2014 – February 2015	Placement Section Manager
B. Submit a Request for Proposals for a contractor to implement Sonoma County's Parent Orientation Program.	April 2015	Placement Section Manager Planning Analyst
C. Implement a Parent Orientation Program.	July 2015	Placement Section Manager Planning Analyst

PERMANENCY FOR OLDER YOUTH		
Permanency for Older Youth Strategy 1: Implement county adoptions program with a focus on adoption of older youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Exits to Permanency (C3.1) Target: Increase number of youth over age 10 exiting to permanency by 10% over 5 years.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	

Action Steps:	Timeframe:	Person Responsible:
A. Analyze the effectiveness of current PP/Adoption Review meeting in identifying appropriate referrals for adoption assessment and guardianship appointments.	December 2014	Permanency Planning Supervisor (Fred) Adoptions Supervisor (Raquel)
B. Identify children in out of home care for over 24 months without a plan of adoption on an ongoing basis	December 2014	Program Analyst
C. Categorize population according to placement type, such as group home care, relative care, NREFM care, ITFC, certified foster home and licensed foster home.	December 2014	Program Analyst
D. Create outreach message to youth of positive adoptions outcomes.	June 2015	Permanency Section Manager Permanency Supervisor Communications & Outreach Manager
E. Identify youth who enter FY&C after the age of 6 and those in a sibling group if one of the children is under six to monitor all methods of concurrent planning	June 2014	Program Analyst

F. Explore the department's philosophy of out of area placement s for youth verses concurrent placement both during FR and post termination of FR services.	January 2015 to December 2017 (see Practice Model strategies on page 102)	Practice Model Steering Committee
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Permanency for Older Youth Strategy 2: Engage group home programs in the examination of current placement practice	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment Target: Reduce to 8% the rate of youth placed in group homes within 5 years.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Utilize the Placement Support Redesign concept currently in development and implementation to interject adoption planning.	June 2014	Placement and Permanency Section Managers
B. Implement All County Letters 13-86 and 13-87 regarding length of time in group homes.	January 2014 and ongoing.	Division Director Placement, Permanency & VMCH Section Managers

CONTINUUM OF PLACEMENT OPTIONS

Improve assessment processes to support permanency-oriented placements.		
Placement Assessment Strategy 1: Create a process for collaborative and goal-oriented placement assessment (initial and ongoing).	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment, Youth Well Being; Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 80% of appropriate program staff are trained in use of CANS. 90% of youth who enter out of home placement are assessed with CANS within 30 days of removal.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Leadership to attend the Child & Adolescent, Needs and Strength (CANS) training to learn that assessment tool and determine whether it should be provided in Sonoma County to assess the placement needs of every child in Sonoma County.	January 2014	Division Director FYC managers
B. Develop a training and implementation plan for the CANS assessment tool, in collaboration with county and community partners. Including how CANS tools will be used for initial and ongoing assessment.	February 2014 to September 2014	Division Director Placement, Permanency & VMCC section managers Behavioral Health Bay Area Academy

C. Arrange training opportunities for interested FYC staff, especially supervisors, as well as community partners, other county staff to attend CANS training in the Bay Area.	February 2014 to September 2014	FYC Managers FYC Training Coordinator
D. Roll out the training of the CANS assessment tool for all placement social workers and the placement unit.	October 2014 to January 2015	Bay Area Academy FYC Training Coordinator
E. Begin implementation of CANS	January 2015	FYC Managers
F. Ensure that use of assessment tools is in line with the recommendations of the statewide continuum of care group.	January 2014 to January 2015	Division Director Designated Manager
G. Engage with the statewide continuum of care work group to ensure access to statewide resources to roll out the continuum of care in Child Welfare in terms of training, technical assistance and community agency/political buy in.	January 2014 to January 2016	Division Director Designated Manager

Placement Assessment Strategy 2: Create a process assessing the support needs of substitute care providers.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Retention of Foster and Relative Caregivers
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 80% of appropriate staff are trained in the selected SCP assessment tool. 90% of SCPs are assessed with selected tool.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop and implement a tool for assessing the needs of caregivers and children placed in their care.	January-June 2014	Substitute Caregiver Assessment Workgroup
B. Train staff on tool for assessing the needs of caregivers and children placed in their care.	July 2014	Substitute Caregiver Assessment Workgroup FYC Training Coordinator
C. Placement unit will take recommendations from the tool (services, referrals, etc) and provide a written list of follow up items to the social worker; much like a closing summary.	July-December 2014	VMCC Section Manager Placement Team Supervisor

D. Social workers use summary of service needs at monthly in person meetings with the caregiver and will continue to assess service & support needs.	July to December 2014	Placement & Permanency Section Managers Placement & Permanency Supervisors Placement & Permanency Social Workers
E. Placement supervisors to review with Social Workers Placement Assessment Tools and Follow up Services & Support Bi-monthly.	June 2014-December 2014	Placement & Permanency Section Managers Placement & Permanency Supervisors
F. Placement supervisors to ensure in person contacts are completed 50% of the time in the caregiver's home and that they meet with the caregiver as well as the child.	June 2014-June 2015	Division Director Placement & Permanency Section Managers Placement & Permanency Supervisors
G. In partnership with SRJC, organize an annual conference for all substitute care providers to provide them with the opportunity for training, networking and support.	January of each year	VMCC Section Manager FYC Training Coordinator Santa Rosa Junior College

Placement Assessment Strategy 3: Use VMCH as an opportunity for a comprehensive assessment.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability; Timely Reunification; Youth Well-Being Target: 95% of children at VMCH are assessed within first 30 days of placement at VMCH.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Update MOU with Mental Health to allow for more rapid Screenings and CANS assessments	April 2014	Division Director VMCC Section Manager Behavioral Health
B. Create process for collaborative approach to CANS completion and ongoing assessment with placement.	June 2014	Division Director VMCC Section Manager Behavioral Health
C. Develop or select tool for trauma assessment with mental health	January 2015	Placement, Permanency & VMCC section managers
D. Review multi-disciplinary team (MDT) meeting purpose and enhance to include a stronger placement evaluation component. Have VMCH SW facilitate this meeting.	August 2014-February 2015	VMCC Section Manager VMCC Program Manager Placement Team Supervisor

E. Create a Discharge Summary from VMCH that includes all assessments and services received while at VMCH; and all follow up services (ex: doctor/dental/behavioral health apts.)	March 2015-June 2015	VMCC Section Manager VMCC Program Manager VMCH Supervisors
F. Implement new VMCH database, MyEvolv, that will allow better communication between VMCH Staff & Social Workers including instant access to progress, shift notes, medications, assessments, etc.	September 2014-March 2015	Division Director VMCC Managers Program Analyst Information Technology

Focus on Recruitment		
Recruitment Strategy 1: Recruit and develop treatment foster homes.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Exits to Permanency (C3.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 15 Treatment Homes in Sonoma County in 5 years.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Establish quarterly meetings with local FFAs that have existing MOUs to provide ITFC homes to discuss the ways that we can assist and support them in their recruitment efforts.	Start the series in February 2014	Division Director

B. Examine the ways to streamline the approval process for ITFC homes in partnership with Behavioral Health.	February to April 2014	Placement & Permanency Section Managers
C. Consult with other counties and agencies that have successful ITFC programs. Examine ways that they conduct their work and identify strategies or ideas that may be transferrable to Sonoma County.	May to August 2014	Placement & Permanency Section Managers
D. Work with Behavioral Health regarding the implementation of Katie A, including a review of the guidelines provided by CDSS regarding Treatment Foster Homes.	January to March 2014	Division Director Placement & Permanency Section Managers Behavioral Health
E. Work collaboratively with Behavioral Health to determine ways to develop or expand Treatment Foster Homes. This may include different funding strategies that need to be explored or explaining the guidelines to community partners so that they can move forward with implementation.	April to December 2014	Division Director Placement, Permanency & VMCC Section Managers Behavioral Health
F. As part of the ongoing discussions with group home providers, engage with additional local agencies , residential treatment providers and FFAs to explore the potential of developing additional ITFC MOUs	December 2014 to December 2016	Division Director Placement & Permanency Section Managers Program Analyst

Recruitment Strategy 2: Identify relatives/NREFMs early in the process and improve the recruitment and retention of placements in relative/NREFM homes.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Timely Reunification; Exits to Permanency
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: Increase to 35% the rate of children placed with relatives within 5 years.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Establish a work group that includes ER and placement social workers to review and revise the policy and procedure for emergency placement with relatives.	January to June 2014	Initial Services & VMCC Section Managers
B. Train all ER social workers on the revised policy and develop strategies for ways that placement social workers can support ER workers in this process.	July to September 2014	Initial Services & VMCC Section Managers
C. Provide ICWA training to all ER and placement social workers to include a clear explanation of the Sonoma County ICWA protocol, which includes communicating with the appropriate tribes regarding emergency placement.	By June 2014	Initial Services Section Manager Bay Area Academy FYC Training Coordinator
D. Continue to more clearly define the role of the SSW III in Court Services when interviewing parents at the time of detention to ensure that all potential relatives and extended family connections	December 2013 to June 2014	Placement Section Manager Court Services Supervisor

are identified and documented.		
E. Ensure that an agreement between CDSS and SRJC is in place and enforced so that the funds provided to the JC are used as effectively as possible to educate and train relative/NREFM	January to December 2014	Division Director VMCC Section Manager
F. Complete an assessment of the needs that are being met or not met regarding support services for relative/NREFM homes.	January 2014	Program Analyst
G. Complete the RFP process for the contracting of KSSP funds with a provider that more effectively meets the needs of relative/NREFM homes.	By June 2014	Division Director Program Analyst
H. Explore the potential for a community agency or FYC to provide a social worker position to serve as a coordinator for all relative/NREFM homes.	By December 2014	Division Director VMCC Section Manager Program Analyst
I. Work with local tribes to develop and enhance their own placement recruitment, approval and support processes to identify potential relative and NREFM homes.	September 2014 – September 2015	VMCC Section Manager Placement Section Manager

J. Examine the agency values about the prioritization of relative and NREFM homes for adoption/ guardianship/permanency.	January 2015 to December 2017 (see Practice Model strategies on page 102)	FYC Managers
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Recruitment Strategy 3: Build the momentum developed through the Quality Parenting Initiative	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes Target: Increase the number of foster homes by 10% in 5 years.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Through QPI develop a plan for training and implementation of the Partnership Plan first for social workers and then foster parents.	January to December 2014	VMCC Section Manager FYC Training Coordinator Bay Area Academy
B. Hold a conference for caregivers and the community that supports all foster and kin caregivers (including FYC social workers, FFA social workers, community partners, tribes, court representatives).	January 2014	VMCC Section Manager FYC Training Coordinator Santa Rosa Junior College
C. Develop a training plan for social workers and caregivers to ensure that the Partnership Plan is followed.	February 2014 to December 2014	VMCC & Placement Section Managers FYC Training Coordinator Bay Area Academy

D. Identify what areas of the Partnership Plan need to be given additional resources. e.g. access to timely services. In coordination with the statewide continuum of care recommendations, and implementation.	January to December 2015	Placement & Permanency Section Managers
E. Implement the end of placement survey that will identify areas that need improvement and analyze the results.	Starting January 2014 and ongoing. Analyze survey results beginning July 2014 and every 6 months thereafter.	Placement & Permanency Section Managers Placement Team Supervisor Program Analyst
F. Once the areas for improvement have been identified, develop a method of ensuring that social workers and foster parents are meeting the “Fostering expectations” standards expected of them.	July 2014 to December 2014	Placement & Permanency Section Managers Placement Team Supervisor
G. Incorporate the foundations, principles and expectations from QPI into all pre service training for caregivers.	September 2014 to August 2015	VMCC & Permanency Section Managers FYC Training Coordinator Bay Area Academy Santa Rosa Junior College

Recruitment Strategy 4: Implement targeted outreach and marketing to recruit for Latino and African American foster parents and for foster homes for older youth, sibling groups and children with special needs including autism.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: Increase by 5% each the number of foster homes available to Latino and African American children, sibling groups, older youth and children with autism.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Work with the statewide QPI initiative to identify consultation resources to specifically work on marketing strategies targeting these specific groups.	January to December 2014	VMCC Section Manager VMCC Program Development Manager
B. Work with local media outlets, newspaper, radio, TV, to feature a series of articles or other media stories to focus on the work of all foster parents with varying family constellations and ethnicities, and encourage more people to consider becoming a foster parent.	June 2014 to June 2015	VMCC & Permanency Section Managers VMCC Program Development Manager Communications and Outreach Manager
C. Produce new FYC program and recruitment materials.	February 2014 – June 2015	Division Director VMCC & Permanency Section Managers Communications and Outreach Manager Placement Team Supervisor

		Foster Parent Recruiter Program Analyst
D. Train all HSD staff on recruitment messaging and provide them with materials and contact information for them to give to people that might be interested in becoming a foster parent.	January to December 2016	VMCC & Permanency Section Managers FYC Training Coordinator
E. Target churches, schools, Latino leadership groups, African American Chamber of Commerce etc for specific outreach in conjunction with QPI.	June 2014 to June 2016	Recruitment Team Placement Team Supervisor VMCC Section Manager
F. Combine recruitment efforts with existing community wide initiatives eg. Faith based initiative/community challenge, National Adoptions month, Child Abuse Prevention month.	June 2014 to June 2016	Recruitment Team Placement Team Supervisor VMCC Section Manager Communications & Outreach Manager
G. Consider other ways to provide incentives for existing foster parents, FYC staff to recruit new caregivers from their own communities.	January 2015 to December 2015	Division Director VMCC Section Manager
H. Increase FYC participation in specific existing adoptions recruitment processes for older and special needs children, such as child available, BALSAs, national websites etc.	January 2014 to December 2015	Permanency Section Manager

I. Research the possibility of building a moving Heart Gallery featuring Sonoma County children who are waiting for permanent homes.	January to December 2015	Division Director VMCC & Permanency Section Managers
J. Explore ways of using the TEAM, TDM meetings to reach out to community members that may be potential foster parents.	June 2014 to June 2016	Permanency, Placement & Initial Services Section Managers

Recruitment Strategy 5: Increase the number of FYC social work staff who lead foster parent orientations.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 10% of social workers participate in at least one foster parent orientation annually.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify staff from FYC with the necessary skill set to actively participate with the existing recruitment team at orientation, recruitment fairs, and pre service training.	December 2013 to December 2015	Division Director VMCC & Permanency Section Managers Communications and Outreach Manager Placement Team Supervisor VMCC Program Development Manager Adoptions Supervisor

B. Authorize comp time to staff to compensate them for spending this additional time on recruitment efforts.	December 2013 to December 2015	Division Director VMCC Section Manager
C. Build on our existing recruitment team by hiring an additional SSW III to assist the existing staff with recruitment.	March 2014	VMCC & Permanency Section Managers

Develop and reinforce support services to support placement.		
Retention Strategy 1: Improve support to relative caregivers.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least restrictive environment; Timely reunification
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 65% of relatives report feeling well-supported by the department and its contracted providers.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Complete an assessment of the needs that are being met or not met regarding support services for relative/NREFM homes.	January 2014	Program Analyst
B. Complete the RFP process for the contracting of KSSP funds with a provider that more effectively meets the needs of relative/NREFM homes to include a case management service	By June 2014	Division Director Program Analyst

component.		
C. Explore the potential for a community agency or FYC to provide a social worker position to serve as a coordinator for the highest need relative/NREFM homes.	By December 2014	Division Director VMCC Section Manager Program Analyst
D. Re-develop and implement a training program that meets the needs of relative caregivers	September 2014 to August 2015	VMCC Section Manager Program Analyst FYC Training Coordinator Santa Rosa Junior College
E. In partnership with SRJC, provide an annual conference for all substitute care providers including relative caregivers to provide opportunities for support, networking and training.	January each year	VMCC Section Manager FYC Training Coordinator Santa Rosa Junior College
F. Increase child care funding to allow more relatives to successfully provide foster homes for their kin.	July 2014 to June 2017	Division Director Program Analyst Department Director
G. Create and implement a survey/focus groups of relative caregivers to assess the caregiver perception of feeling supported by the department.	Survey finalized September 2014. Administered prior to exit or at placement termination. Focus groups held annually.	VMCC, Placement & Permanency Section Managers Communications and Outreach Manager Program Planning Analyst

Retention Strategy 2: Create supports for transition from group home to family setting.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least restrictive environment; exits to permanency.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 65% of group homes and transition home report feeling well-supported by the department and its contracted providers during time of transition.
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Engage with group homes and FFA's to clearly define the initial assessment and referral, and ongoing treatment process so that a clear plan is developed for each child about discharge at the time of entry into the group home placement.	January 2014 to December 2014	Division Director VMCC, Placement & Permanency Section Managers
B. Convene all local FFA's, group home providers and other interested community based agencies to envision local continuum of care services through county/community partnerships.	May 2014	Division Director FYC Training Coordinator Bay Area Academy
C. Continue to participate with the statewide continuum of care work group to contribute to the recommendations for how transition services will be structured and resourced to ensure greater continuity for children as they transition from group care to a family.	January 2014 to June 2015	Division Director Designated Manager

D. Work in partnership with Behavioral health, probation and community providers to structure transition services in a way that ensures smoother transitions for children.	June 2014-December 2014	Placement & Permanency Section Managers Mid-Level Committee
E. Provide multi disciplinary training for social workers and CBO staff to enhance the effectiveness of service coordination.	January 2015	FYC Managers FYC Training Coordinator
F. Hold focus groups of group home providers to assess their perception of feeling supported by the department and its contractors that provide support to youth transitioning back to the community, e.g. Wraparound	Focus groups held annually.	Division Director VMCC, Placement & Permanency Section Managers Program Planning Analyst

Retention Strategy 3: Enhance support to emergency foster homes and county foster homes.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes. Target: 65% of licensed foster parents report feeling well-supported by the department and its contracted providers.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create stronger respite network to foster home by collaborating with FFAs and creating social opportunities for respite providers to meet caregivers.	January 2015-June 2015	VMCC Section Manager Placement Team Supervisor FFAs
B. Enhance existing Special Care Increment for EFH homes that specialize in medically fragile infants	January 2014	Division Director Placement Section Manager FR Supervisor EFH Coordinator Fiscal Manager
C. Provide specialized training for caregivers who take substance exposed infants and young children.	December 2014-December 2015	Division Director VMCC Section Manager FYC Training Coordinator
D. Provide multi-disciplinary training opportunities for caregivers that includes child welfare, courts, VMCH, CASAs, tribes, etc.	January 2014-December 2019	VMCC & Permanency Section Managers FYC Training Coordinator

E. Re-establish formalized mentoring program within emergency foster care program.	December 2014-December 2016	VMCC Section Manager Placement Team Supervisor Foster Parent Recruiter EFH Coordinator
F. Develop and implement an informal complaint process for caregivers and social workers that outlines the specific steps for addressing concerns at the lowest level possible.	January 2014 to December 2014	Division Director VMCC & Placement Section Managers Redwood Empire Foster Parent Association

Retention Strategy 4 Increase the amount of training and education offered to substitute care providers.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Targets: At least 75% of foster parents are satisfied with the training and education offered by the County. 50% of relative caregivers participate in training offered by County.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review the current pre-service curriculum (PRIDE) offered by the SRJC	July 2014-February 2015	VMCC & Permanency Section Managers Santa Rosa Junior College

B. Revise the pre-service curriculum to include the new statewide Trauma Informed Parenting & QPI components.	February 2015-July 2015	VMCC & Permanency Section Managers Santa Rosa Junior College Kinship Support Contractor Placement Team Supervisor
C. Create a written agreement with SRJC re: service provision for Foster & Kinship Education.	April 2014-June 2014	Division Director VMCC Section Manager Santa Rosa Junior College
D. Expand BAA & UC Davis training contract to include training for caregivers (2 per year).	March 2014-June 2014	Division Director FYC Training Coordinator
E. Collaborate with FFAs, REFPA & Training Partners to provide 2 full day trainings per year with renowned expert presenters. Budget funding to pay a portion of the event.	January 2015-June 2015	VMCC, Placement & Permanency Section Managers

Retention Strategy 5: Ensure coordinated services to children and caregivers at the time of placement (timely, seamless).	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Recruitment and retention of foster homes; Child well-being
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 65% of substitute care providers report receiving timely, coordinated services for children placed in their homes.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:

A. Use TEAM support to immediately coordinate & refer children to services as part of their case plan.	March 2014	Placement Section Manager TEAM Supervisor
B. Develop agreements with service providers regarding prioritization of referrals for children in care.	December 2014	Division Director Program Analysts

Formalize the continuum of placement options.		
Continuum Strategy 1: Use group homes strategically.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least restrictive environment
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 95% of youth are assessed using the new, coordinated, multi-level assessment process prior to placement in group homes.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop review process for all children already placed in group homes to ensure steps are being taken to identify and move a child towards placement in a family setting.	January 2014 to June 2014	Division Director VMCC, Placement & Permanency Section Managers

B. Continue to work with local group homes to clarify the assessment process, treatment planning, discharge planning and data collection to ensure that only appropriate children are referred to a group home placement, and that once placed they receive effective, evidence based treatment moving towards an appropriate transition plan.	January 2014 to December 2014	Division Director VMCC, Placement & Permanency Section Managers
C. Convene local FFAs and group home providers at FYC to offer an opportunity for guidance from another county/state that has successfully implemented a short term treatment model and step down to a family setting. This would also give direction/networking opportunities to agencies to reconfigure the services that they provide.	May 2014	Division Director Program Analyst FYC Training Coordinator
D. Participate in the statewide continuum of care reform discussion to help guide the way residential programs will be used in the future.	January 2014 to June 2015	Division Director Designated Manager
E. As part of the continuum of care reform efforts ensure that any resources and/or technical assistance can be accessed by Sonoma County to provide effective group home care.	January 2014 to June 2015	Division Director Designated Manager

F. Identify the agency values about the use of group home care and provide training/clarification/policies about how these values will be put into action.	January 2015 to December 2017 (see Practice Model strategies on page 102)	FYC Managers
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Continuum Strategy 2: Redesign placement process.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Timely Reunification
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: 90% of cases targeted for the Placement Unit are referred and served by the Placement Unit.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create a dedicated placement unit, whose function is not only to place children that have just entered foster care, but also re-examining the placement options of children, particularly those living in group home care, with a focus of stepping them down into lower level placement options.	January 2014	Division Director VMCC Section Manager
B. Add a bilingual placement specialist position to help address the additional workload of reviewing children not in permanent placements.	February 2014	VMCC Section Manager Placement Team Supervisor

C. Identify the gaps in current placement process and prioritize solutions to address these gaps.	November 2013 to December 2014	VMCC Section Manager Placement Team Supervisor Program Analyst
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Continuum Strategy 3: Prioritize the use of Wraparound to youth already in higher levels of care.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Exits to Permanency (C3.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: Over the five years of the SIP, 40% of youth referred to the Wraparound Program are “step-down” youth.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop the RFP for the Wraparound program with a priority for stepping children down from high levels of care.	December 2013 to January 2014	Division Director Designated Manager Probation Behavioral Health
B. Complete a request for proposals process for Wraparound services.	January 2014 to June 2014	Division Director Designated Manager
C. Work with the 2014-2015 Wraparound provider and FYC staff to implement the modified scope of work.	July 2014 to June 2017	Placement Section Manager Permanency Section Manager

Continuum Strategy 4: Expand LifeLong Connections.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Exits to Permanency (C3.1) Target: The program expands to 36 slots. 100% of 36 slots are utilized. "Active" connections are produced for more than 50% of the youth referred to LifeLong Connections.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Write a proposal for the Partnership for expansion of the existing contract for LLC to 36 slots using Wrap reinvestment funds and obtain approval from the Partnership.	December 2013	Division Director Designated Manager
B. Work with Seneca to more clearly define the scope of work for this contract.	January to March 2014	Division Director VMCC, Placement & Permanency Section Managers
C. Develop a mechanism to ensure the highest priority for LLC referral is given to children who have been in group home care for the longest period, who do not have Lifelong Connections.	April 2014 to June 2014	VMCC, Placement & Permanency Section Managers Placement Team Supervisor Permanency Supervisor
D. Develop a way of tracking the number of LLC's that are identified and how many translate into placements.	January 2014 to June 2015	Designated Section Manager Program Analyst CWS/CMS Administrative Aide

E. As part of this extended contract, ensure that the specific outcome of exits to permanency is achieved for as many children as possible.	January 2014 to June 2015	Placement & Permanency Section Managers Permanency & Adoptions Supervisors
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Continuum Strategy 5: Expand Team Decision Making to include all placement changes.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Least Restrictive Environment; Family and Youth Engagement Target: Within 5 years, more than 75% of cases will hold TDM meetings prior to a change in placement.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Confirm the decision to roll out the entire TDM process throughout the life of every case.	March 2014	FYC Managers
B. Further discussion re implementation of this decision at the joint supervisor/manager meeting.	April 2014	Initial Services Section Manager TDM Supervisor
C. Joint meeting between placement and permanency section supervisors and the placement unit supervisor to start the planning process.	May 2014	Placement & Permanency Section Managers Placement & Permanency Supervisors

D. Ensure that there is a mechanism in place in the existing TDM process to strengthen communication across programs.	July to December 2014	All Section Managers TDM Supervisor
E. Clarify and streamline the current TDM process in Court Services as it relates to the placement of youth	July to December 2014	Initial Services, Placement & VMCC Section Manager TDM Supervisor Court Services Supervisor ER Court Intake Supervisor Court Services social workers
F. Identify social workers and supervisors to visit/observe TDM in other counties and/or attend an overview training re TDM.	July to December 2014	VMCC, Placement & Permanency Section Managers TDM Supervisor Placement Team Supervisor Placement & Permanency Supervisors
G. TDM facilitators to identify facilitation training opportunities for placement decisions and/or observe placement TDM's in other counties. Include a third facilitator (Placement specialist) to participate in this as well.	July to December 2014	Initial Services & VMCC Section Managers TDM Supervisor TDM Facilitators
H. Collect data re placement change numbers, location, types of placement moves etc.	March to June 2014	Placement Section Manager TDM Supervisor Program Analyst

I. Form TDM Workgroup and set up a time limited schedule of regular monthly meetings. To include social workers, supervisors, managers, and community stakeholders. Issue specific sub committees may also be needed.	July to December 2014	All Section Managers TDM Supervisor Placement Team Supervisor Placement & Permanency Supervisors Community Stakeholders (group home, other placement providers, foster parent, parent, youth)
J. Utilize UC Davis TA to help with the planning and implementation process	July 2014 to Implementation	Initial Services Section Manager TDM Supervisor UC Davis
K. Design/organize training for all placement section, permanency section, placement unit social workers and supervisors.	January – March 2015	TDM Workgroup FYC Training Coordinator
L. Train staff on new TDM content, policies and procedures.	April – June 2015	TDM Supervisor FYC Training Coordinator
M. Convene a series of community meetings to engage and train a larger group of stakeholders in the implementation of TDM.	June – August 2015	TDM Workgroup

N. Implement TDMs for placement changes identified by the TDM Workgroup	September 2015	TDM Workgroup and all associated social workers / supervisors
O. TDM Workgroup then becomes a Steering Committee to identify and develop next steps regarding roll out of TDM to Family Reunification and Exits to Permanency decision making.	October 2015 to December 2018	TDM Steering Committee.

PSYCHOTROPIC MEDICATION – YOUTH WELL-BEING		
Psychotropic Strategy 1: Engage Partners in Conversation of problem, values and objectives to address problem, and create actions/practices to address.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Youth Authorized for Psychotropic Medication Target: Reduce to 19% or lower the number of Sonoma County dependent youth authorized for psychotropic medication.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Initial conversation with partners (Group Homes, FFAs, Mental Health, Health Services, Children's Attorneys, County Counsel, Court) regarding values/objectives/alternatives.	April 2014	Placement & Permanency Section Managers
B. On-going conversation with partners (Group Homes, FFAs, Mental Health, Health Services, Children's Attorneys, County Counsel, Court) to continue value/objective/practice discussion.	2014-2017	Placement & Permanency Section Managers

Psychotropic Strategy 2: Develop Internal Review and Monitoring Processes for all Psychotropic Medication Prescriptions	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Youth Authorized for Psychotropic Medication Target: Reduce by 5% the number of Sonoma County dependent youth authorized for psychotropic medication.	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Timeframe:		Person Responsible:
A. Propose budget funding for a Second-Opinion Psychiatrist to Review all JV-220s, Prescriptions, etc.	June 2014		Division Director
B. Hire a Second-Opinion Psychiatrist to Review all JV-220s, Prescriptions, etc.	November 2014		Division Director
C. Develop a "Treatment Plan" Form that group homes and FFAs must complete and submit with all JV-220, to include, but not limited to: a. Treatment goals b. Behaviors/Mental Health issues to be treated with Medication c. Other treatment methods in tandem with medication (must have others) d. Timeframe Youth expected to take medication	June 2014		Placement & Permanency Section Managers with input from Behavioral Health, Public Health Nurses, youth, foster parents, group homes

e. Titration Plan f. When/How often prescribing physician will see youth for medication monitoring g. Disclosure to youth re: why taking medication(s), potential side effects, other treatment options, etc.		
D. Develop Quarterly, internal (FY&C) review panel/team meeting to review each psychotropic prescription, progress, goals, etc.	October 2014	Placement & Permanency Section Managers

Psychotropic Strategy 3: Training	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Youth Authorized for Psychotropic Medication Target: Reduce by 5% the number of Sonoma County dependent youth authorized for psychotropic medication.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Train all FY&C Social Workers re: conversing with physicians about medications/prescriptions – simple questions to ask, etc.	On-going 2014-2017	FYC Managers FYC Training Coordinator

B. Train all FY&C Social Workers re: conversing with youth about medications they're taking, how feeling, if feel medication(s) is/are helping, any side effects, etc.	On-going 2014-2017	FYC Managers FYC Training Coordinator
C. Continue regular training for FY&C Social Workers and partners – re: psychotropic medications, treatment targets of each, side effects, etc.	On-going 2014-2017	FYC Managers FYC Training Coordinator

YOUTH SELF-SUFFICIENCY		
Youth Self Sufficiency Strategy 1: Define youth self-sufficiency for transitional age foster youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance; Youth Self-Sufficiency – Measures 8A
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: Complete, accurate data.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Convene Youth Self Sufficiency Workgroup comprised of permanency planning social workers and youth to create a “profile of success” for a youth who emancipates from foster care.	July 2015	Permanency Section Manager Program Analyst

B. Identify the data elements that correspond to and communicate the “profile of success” including data sources both existing and missing. Address data validity and accessibility.	October 2015	Youth Self Sufficiency Workgroup
C. Conduct feasibility analysis of creating data system to collect identified data.	December 2015	Youth Self Sufficiency Workgroup
D. Create proposal for data collection and tracking system of youth self-sufficiency (well-being) for FYC Management approval.	February 2016	Youth Self Sufficiency Workgroup

Youth Self Sufficiency Strategy 2: Create a data collection system to measure youth self-sufficiency for transitional age foster youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance; Youth Self-Sufficiency – Measures 8A
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	Target: Complete, accurate data.
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Change or create policies and procedures to reflect new data collection process.	October 2016	Youth Self Sufficiency Workgroup

B. Create new database, if necessary.	December 2016	Youth Self Sufficiency Workgroup Information Technology (Application Development)
C. Create training plan.	June 2017	Youth Self Sufficiency Workgroup FYC Training Coordinator
D. Provide training to appropriate FYC staff on new data collection policies and procedures.	October 2017	FYC Managers FYC Training Coordinator
E. Create, vet, approve and institutionalize Youth Self Sufficiency reporting system.	December 2017	Program Analyst CWS/CMS Administrative Aide FYC Managers FYC Training Coordinator
F. Create annual Youth Self Sufficiency Community report to inform continuous quality improvement among the department and its community partners serving older foster youth.	January 2018 and annually thereafter	Program Analyst CWS/CMS Administrative Aide FYC Managers

CONSISTENCY OF PRACTICE		
Practice Consistency Strategy 1: Develop and implement a Sonoma County Practice Model.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family and community engagement. Target: 65% Stakeholders, including staff, report increased consistency in agency practice, customer service.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Engage in exploratory dialogue about areas of frequent inconsistency and identify the underlying values that may be in conflict.	March 2014	FYC Managers FYC Supervisors
B. Convene a Steering Committee to include co-chairs from both Apollo and Valley of the Moon sites. Create meeting schedule and Project Charter.	April 2014	VMCC Program Development Manager VMCC Program Manager Program Analyst
C. Gather information on existing Practice Model frameworks including Safety Organized Practice, California Partners for Permanency, <i>Katie A.</i>	September 2014	Practice Model Steering Committee
D. Conduct focus groups to determine most prevalent areas of inconsistency on which to focus.	October 2014 (possibly FYC All Staff Day?)	Practice Model Steering Committee FYC Managers

E. Select and hire an external facilitator to help develop Sonoma County Practice Model framework.	July 2015	Practice Model Steering Committee
F. Develop Sonoma County Practice Model.	November 2015	Practice Model Steering Committee
G. Create timeline and training plan for implementation of Sonoma County Practice Model framework.	March 2016	Practice Model Steering Committee
H. Train staff and communicate to external partners on Sonoma County Practice Model.	May 2016	Practice Model Steering Committee FYC Training Coordinator
I. Implement Sonoma County Practice Model.	September 2016	Practice Model Steering Committee FYC Managers
J. Evaluate progress towards implementation of Practice Model. Address gaps in implementation through additional training.	May 2017 and annually thereafter	Practice Model Steering Committee

Practice Consistency Strategy 2: Enhance supervisory consistency.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality assurance; staff satisfaction Target: 100% of supervisors will have completed the training within 3 years. 65% of staff report increased consistency among supervisors.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Ensure all supervisors attend the Supervisory Effectiveness Training Series I & II.	Ongoing	FYC Managers
B. Create permanent agenda item for FYC Leadership Team biweekly meetings to share best supervisory practices.	January 2014	FYC Managers
C. Create permanent agenda item for VMCH quarterly supervisors' meetings to share best supervisory practices.	January 2014	VMCC Managers
D. Promote culture of teamwork through team building activities, shared vision statements and peer problem-solving. Use biweekly FYC Leadership Team meeting as primary vehicle for these activities.	Ongoing	FYC Managers

E. Use supervision to promote consistent practice and hold staff accountable.	Ongoing	FYC Managers and Supervisors
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Practice Consistency Strategy 3: SDM Case Reading.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality assurance Target: The SDM User Group and each social work unit hold an SDM case reading at least annually.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create timeline for regular and strategic SDM case readings.	March 2014	SDM User Group
B. Evaluate utilization/frequency of case readings.	December 2014 and every six months thereafter	SDM User Group

Practice Consistency Strategy 4: Random case review.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality assurance Target: The SDM User Group and each social work unit hold an SDM case reading at least annually.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create and implement a case review system for section managers to review randomly selected cases and referrals	December 2014	Section Managers Program Analyst

for compliance and outcomes.		
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DATA COLLECTION AND ENTRY		
Data Strategy 1: Develop data system to track children's mental health and developmental assessments.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance Target: Complete, accurate data.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify current data collection methods for documenting and tracking children's mental health screenings and assessments.	July 2014	Program Analyst, Community Assessment Providers, Behavioral Health, First 5 Sonoma County
B. Identify and select data fields to be collected across programs.	November 2014	Program Analyst, Community Assessment Providers, Behavioral Health, First 5 Sonoma County
C. Identify and select data system to be used as central warehouse of mental health assessment data (i.e. Persimmony, CWS/CMS)	January 2015	Program Analyst, Community Assessment Providers, Behavioral Health, First 5 Sonoma County

D. Develop policies and procedures and MOUs to support and enforce new data collection system.	June 2015	Program Analyst, Community Assessment Providers, Behavioral Health, First 5 Sonoma County
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Data Strategy 2: Identify best practices to address missing data and issues with data accuracy.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance Target: Complete, accurate data.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Convene Data Quality Workgroup, establish meeting schedule.	June 2014	Program Analyst, CWS/CMS Administrative Aide, Data Quality Workgroup
B. Develop Data Quality Project Charter with work plan outlining all data issues to be resolved by Workgroup.	August 2014	Data Quality Workgroup
C. Research basis of data issues and best practices in other counties.	June 2015	Data Quality Workgroup

D. Identify and select changes to data entry process for each data issue included in Charter.	December 2015	Data Quality Workgroup
E. Develop report of proposed changes to data collection and reporting for FYC Management approval.	March 2016	Data Quality Workgroup

Data Strategy 3: Develop protocols and systems to correct issues of missing data and inaccurate data.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Quality Assurance Target: Complete, accurate data.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Change or create policies and procedures to reflect new data collection process.	October 2016	Data Quality Workgroup
B. Create training plan.	December 2016	Data Quality Workgroup FYC Training Coordinator
C. Provide training to all FYC staff on new data collection policies and procedures.	February 2017	FYC Managers FYC Training Coordinator

PROBATION STRATEGIES		
Probation Strategy 1: Increase monthly contact with custodial and non-custodial parent/guardian for reunification cases.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Within 12 Months (Measure C1.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Reduce case load size to 10-15 cases per placement officer by adding an additional placement officer position.	Currently steps are being taken in this direction. Expect to have staff ratio of 1:15 by March 2014.	Division Director
B. Determine baseline and set goals for parent contact based on future data available from CWS/CMS.	Baseline set January 2014- January 2015 Goal set February 2015	Program Analyst Placement Supervisor
C. Create and implement unit procedure for parent contacts.	March 2014	Placement Supervisor
D. Assess performance and address barriers to parent contacts.	March 2015 through February 2019	Division Director Program Analyst Placement Supervisor

Probation Strategy 2: Create and implement a monthly parent education and support group.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Within 12 Months (Measure C1.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review best practices in parent support and education for families in the foster care system.	August 2014	Division Director Placement Supervisor Program Analyst
B. Develop quality assurance and outcome measures for the program	September 2014	Division Director Placement Supervisor Program Analyst
B. Identity service providers who provide above mentioned services. Invite them to submit proposals for funding.	January 2015	Division Director Placement Supervisor Program Analyst
C. Award contract	March 2015	Board of Supervisors
D. Begin groups	June 2015	Contracted service provider

E. Monitor outcome and quality assurance measures to determine overall impact of strategy on reunification within 12 months.	June 2015-February 2019	Program Analyst
F. Probation officers will report back to Court during status review hearings on parent attendance and participation as part of compliance with case plan goals.	June 2015 – February 2019	Placement officers Placement Supervisor

Probation Strategy 3: PO conducts assessment of youth/ family to determine level of readiness to transition home.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Within 12 Months (Measure C1.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify post-readiness assessment tool for youth.	August 2014	Program Development and Research Manager
B. Identify and/or create a tool to assess parent's readiness for reunification.	August 2014	Program Development and Research Manager Program Analyst Division Director Placement Supervisor

C. Identify and train staff who will implement the tool.	September 2014	Division Director Placement Supervisor
D. Implement a transition team meeting 90 days prior to transition to further assess youth/family's readiness for minor to return home.	October 2014	Division Director Placement Supervisor
E. Placement officers to work collaboratively with group home/treatment team to address any issues as a result of assessment and transition meeting.	October 2014- February 2019	Placement Probation Officers
F. Reassess tool and address barriers to parent cooperation and participation.	October 2014- February 2019	Program Development and Research Manager Program Analyst Division Director Placement Supervisor

Probation Strategy 4: Increase concurrent planning activities for placement youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Within 12 Months (Measure C1.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop policy and procedures regarding utilizing family finding services.	July 2014	Probation Senior Management Division Director Placement Supervisor
B. Officers to use family finding early on in the case to identify extended family members to establish lifelong connections and provide alternatives to reunification with custodial parent/guardian.	August 2014-February 2019	Placement Officers
C. Officers will establish contact with extended family identified through family finding and engage them throughout the youth's placement.	August 2014-February 2019	Placement Officers
D. Officer will assess the appropriateness of these family members for potential step down from group care should reunification efforts fail with parent/guardian.	August 2014- February 2019	Placement Officers